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LECTURES

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BY

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Simple polypus. Irremediable by knife or ligature. Forceps-operation for removal of polypus. Local applications. Fleshy polypus. Modes of removing nasal polypi by ligatures. Malignant tumours of the nostrils. Cases.

POLYPI OF THE NOSE.

GENTLEMEN,—In the course of the lectures that I intend to give you during the present season, as there are many diseases which occur in private practice, that you cannot see in the hospital, I intend to speak to you as well on those diseases, as on the cases which are to be found in the hospital wards, and the first of them will be polypus of the nose, a disease which is frequent among private patients, but rare in the hospital.

Under the name of polypus of the nose, although many affections have been confounded, I mean to include simply a peculiar excrescence of the Schneiderian membrane, which is not malignant. This simple polypus is much the more frequent among the higher classes of society, and is most common in *men*. It seldom occurs before puberty. I am not able to connect it with any particular habit. It is common among the Portuguese, and attributed by them to their snuff being adulterated with ground glass. It may be so, but I have not observed that snuff-takers in this country are particularly liable to it, though I believe that snuff is much adulterated here, as much, indeed, as medicine.

The tumour is generally attached by a thin neck to the Schneiderian membrane, or by a narrow pedicle, or a long, thin membrane, continuous with the Schneiderian, but less vascular. The polypus is very smooth, and but little vascular, though sometimes vessels burrow into it. It is gelatinous in density, and appears to consist of coagulated albumen. In a few instances there is but one polypus; but commonly there are two or three, and frequently clusters, so that you can scarcely count them. The colour, which it is essential to notice, is pearl-like, or white, mixed with brown, of an opal appearance. Soft polypi of this kind I have never seen attached to the septum nasi, the inferior turbinated bone, or any part of the nostril, but almost always to the cells of the ethmoid bone, though occasionally to the superior turbinated bone. A woman in this hospital some years ago, having symptoms indicating polypus in its early stage, died of another complaint, and, after death, the cells of the ethmoid bone were found distended by a substance similar to polypus. The indications in the early stage that polypus exists, or is occurring, are merely an unnatural secretion of mucus; a greater desire to blow the nose, such as may arise from common catarrh; but in catarrh the secretion lasts for a shorter period, whilst the discharge from polypus does not subside, on which account you may suspect incipient polypus. When bone, for instance, is affected, you have pain in the forehead, but there is none in polypus. The smell is affected, the patient fancying, perhaps, that he smells odours which do not exist; or the sense of smell may disappear, which is more common; the taste at the same time is injured, if not destroyed. These symptoms increase as the polypus gets larger, with obstruction of the middle meatus of the nose, and then of the inferior meatus. Respiration through the nose is imperfect, and at last the patient breathes only through the mouth; this is troublesome, especially at night, because the using the jaw in the day acts on the salivary glands; but at night the open mouth is always dry, and the tongue becomes hard, like a board. At first there is no difficulty of blowing the nose, although afterwards there is, and the mucus is blown down the pharynx. These symptoms may, in their progress, occupy a year, or many years. If neglected, the polypus grows larger, in becoming more solid, and the base almost cartilaginous; sometimes it is large enough to hang down outside. It varies with

the weather, swelling in a moist atmosphere; it is, in fact, an hygrometer to the patient, having a smooth surface and an opal, semi-transparent appearance. It may project, backwards, into the pharynx behind the soft palate, and then it may occasion giddiness, from pressure on the internal jugular vein, though persons generally procure surgical assistance before the case is so far advanced. But sometimes the disease is neglected, and I remember a man in this hospital who had had a polypus removed, but which renewed, and when he came was enormous, projecting from the nostril under the skin of the face. The patient died of cerebral symptoms, and after death there was found effusion in the ventricles of the brain, from the pressure of the polypus. I have seen, also, a boy, sixteen years of age, having a polypus of an enormous size, not less than my fist, hanging down at the back of the pharynx, which could be felt in the mouth, and which pushed out the ossa nasi, giving him a nose broad enough to cover half his face. I lately saw polypus cause absorption of the os unguis; it extended into the orbit. It was removed, and, I believe, successfully.

In the early stage the existence of polypus is doubtful, if you cannot see it; but, by and by, you can discern it by dilating the nostrils with the forceps, near the window, and the more easily if the sun shines. If large, you can tell how far it extends; if it extend into the pharynx, by putting your finger into the mouth; if it extend to the brain you may tell that by the cerebral symptoms. Then, how are you to get rid of it since it is not under the influence of medicines, being quite local? After it has been removed, I have used local remedies to prevent its return, but medicines are only useful after removal, therefore straightway remove it. In common polypus, ligature is impracticable; and those who propose it can never have had anything to do with the disease. It is impossible also to remove it by the knife, as you cannot see it, and when touched with a sharp instrument the blood directly flows so as to prevent your continuing the operation. Neither with the scissors can you see your way sufficiently. The best way of operating is with a proper pair of forceps, if you know how to use them. The proper forceps will pull away its neck. The *whole* of the opposite surfaces ought to be quite rough; convex above, concave below, opening laterally, so that it may hold the polypus tight. They should be pretty strong, and not slender, unless for small nostrils. If made with a screw in the handle, having a double worm, when the polypus is grasped, by proper manœuvering and screwing it tight, there is no danger of its slipping off. The proceeding may be longer, but it is more certain. In a few cases you will want such forceps as these, which open from above downwards, but they are not often required. Any forceps should be oiled and warmed, the patient in a chair with his chin elevated; get hold of the polypus near the base, by introducing the forceps upwards to the back of the nostril; place one blade on each side, tighten the forceps with the screw, and then—not merely pull it out at once, or the polypus will break off—but twist a little to each side, gently draw forwards, push backwards, twist it again and again, a few times, and then draw out the forceps with some force, and the polypus will come away entire. There may be several others, and if so, repeat the operation. The patient should blow his nose, so as to bring them all into view; if he cannot do so, you must endeavour to remove them without seeing them. There may be, also, a small one jammed in by the larger, which is to be seen on removing the latter. Having done all this, the relief to the patient is immediate.

In some cases one operation is sufficient; in others, two, or even three, are necessary. Be gentle in using the forceps; rough usage might impair the ethmoid bone, or even the cribriform plate. I never saw any inflammation result from the operation, or cerebral symptoms, or erysipelas. In one case hæmorrhage followed, which I easily stopped by plugging the nostril with lint. Mucous membranes bear injury more readily than the skin, as in the case of internal piles.

In very old, firm, and cartilaginous polypi, there is great adhesion to the bone; but it is of no consequence if you remove a small plate of the bone with it, for at least that shows that the whole polypus has come away. In these cases I use a peculiar forceps, resembling those employed by ladies for cutting flowers, so constructed as to cut at the upper part, having a rough surface below, to hold the polypus. These shave off the polypus as near the bone as possible.

I will conclude my remarks on the extermination of common polypi from the nose by adding that in some cases you may know from what occurs at the operation, that there is a tolerable chance of the tumour not returning. In making this observation I allude to an occurrence that I met with to-day (Wednesday, Nov. 14th). A gentleman came to me with a polypus. There was only one that I could discover. In removing it, a portion of the cells of the ethmoid bone was taken away. There is no harm whatever in a part of the ethmoid bone being thus extracted; I never saw any ill consequences arise from it, and you may suppose, from the polypus being thus completely removed, that there is less chance of its return than there otherwise would be. Another polypus may arise from other parts of the mucous membrane, but certainly not from this.

Now, the polypus being removed, the patient will immediately experience very great

comfort—great relief will follow the operation. But he will naturally inquire whether it will return, and you must answer that most likely it will, and that if it do he must again have it removed. But then he will probably put another question, Can you do anything to prevent its recurrence, or to make its growth slow? I believe that you may retard its return in many cases, or even prevent it. About eighteen years since, a gentleman came to me with polypus of the nose. He had many times had polypi removed by a surgeon in the country; but he now came to London and applied to me. I removed the polypus, and recommended him to employ what I had before found useful, namely, white precipitate ointment. It should be softened by holding it before the fire, and then, with a camel's-hair brush, you must paint the upper part of the nostril from whence the polypus seems to have originated. This must be done every day. It is a very mild application, and does not irritate. This gentleman very steadily persevered with the plan; he often came to me for other little complaints, thus I had an opportunity of watching the case, and the polypus did not return for fifteen or sixteen years, when I again removed it. I have seen other cases in which very great good appeared to arise from this local application, after the removal of polypi. Sometimes I have employed the ung. hydrarg. nitratis diluted, but I have more frequently used the white precipitate, and I prefer the latter. On the whole I think it is quite as effectual, and it does not inflame the nostril, or cause sneezing, or plague the patient so much as the former. Its use, however, must be persevered in steadily,—not for a few days, a few weeks, or a few months, but even for years. The patient must learn to apply it carefully for himself, or get some one to apply it well for him. If the brush be merely introduced a little way into the nostril it can do no good. You must explain to him the direction which the passage of the nostril takes, and show him how to pass it up to the middle meatus, directing the instrument first a little upwards and backwards, and then directly backwards into the throat; and, indeed, the brush ought to be carried back as far as the pharynx, so that you may sweep, as it were, the whole roof of the nostril. You may use astringent lotions, which I have no doubt are sometimes attended with advantage, such as a solution of sulphate of zinc, or a solution of alum. Dissolve half a drachm of sulphate of zinc in eight ounces of rose-water, with a drachm of tincture of galls, and let the patient inject this with a syringe into the nostrils every day. This may more especially be employed where the nostril is narrow, and a camel's-hair brush of sufficient size cannot be made to enter it.

I have sometimes applied the nitrate of silver to the roof of the nostril from which the polypus grows. This must be used carefully, not because of any real harm that it will do, but if it be applied too extensively it will produce inflammation of the nostril. The upper lip, from the margin of the nostril, must be protected by smearing the parts with olive oil, otherwise the nitrate of silver will flow down upon them, and then, some time afterwards, when the patient has been exposed to the light, he will find a great black stain on his face.

A polypus occurs in the nostril of a different structure from that which I described in the last lecture—a fleshy polypus apparently composed of firm, solid fibrin, with a very thin membrane over it. It is apparently of the same structure as the polypus that grows from the uterus, and sometimes from the rectum. I am inclined to believe that sometimes the common polypus alters its structure, and becomes a fleshy polypus; but certainly that is not generally the case. I think, however, it does occur in some instances; I know that in other cases a polypus is fleshy from the beginning.

These fleshy polypi have generally a narrow neck, as is the case with polypus of the uterus, and that which grows from the inner surface of the rectum. The polypus does not appear to me to be restricted to any part of the nostril, to the cells of the ethmoid bone, or the superior turbinated bone. I saw one of these polypi on the septum nasi, quite within sight. It was an inch in length and three inches in diameter, and attached to the surface of the septum nasi by a narrow neck. I introduced, not a pair of forceps, but probe-pointed scissors, slightly curved, and snipped off the polypus close to the septum. I applied nitrate of silver to its foot and when I saw the patient a considerable time afterwards, there was no reproduction of the polypus. In like manner the fleshy polypus of the uterus does not grow again after it has been removed by ligature. I had also a case under my care in which a fleshy polypus was attached by a narrow neck to the Schneiderian membrane in the lower part of the nostril, and quite within sight. I removed it in the same manner, but I cannot say whether it returned or not. Here (presenting it) is a fleshy polypus, which I removed by ligature; it hung down the posterior nares into the pharynx. In like manner to this the polypus of the uterus separates with the ligature attached to it. It is a remarkable, circumstance that if, when you tie a polypus of the uterus, the ligature be placed below the origin, yet, when it comes away, the neck situated above the part to which the ligature was applied, has exfoliated along with the rest. Here is a polypus of the uterus (exhibiting it) in the act of separation under the application of a ligature. When I was assistant-surgeon here, a young man, a soldier, came to this hospital. There was con-

siderable difficulty in both his respiration and deglutition, but there was nothing to be seen in the nose. On looking, however, into the throat I saw, on the back part, an enormous tumour projecting the velum pendulum palati forward to the mouth. The tumour hung down further than the eye could follow it, but with the finger I could just reach its lower margin. On a careful examination it was found to be a great fleshy polypus attached to and descending from the posterior part of the nostril. It had been growing for many years. I removed this by ligature. I never saw or heard anything of the patient afterwards; but as the operation was perfectly successful, and he was very soon well, I think that in the common course of things he would have come back if the disease had returned.

I have said that this polypus was removed by ligature. Now, it is much easier to *talk* of removing polypi in this way than to *do* it; for when they hang from the nostrils into the pharynx it is difficult to accomplish it. There have been many very ingenious contrivances for removing polypi in this situation by ligature, but according to my experience they are more ingenious than useful. You may apply a ligature to a polypus of the nostrils by a very simple apparatus much better than by anything complicated. It is rather difficult to explain the method of applying a ligature when the tumour hangs into the pharynx, and yet those are the cases in which it is necessary to have recourse to this means for the removal of the polypus. When the tumour is situated in the nostrils it may be snipped off with a pair of scissors, or extracted by means of forceps. There is no difficulty in tying a ligature when you know how to do it, but, as I have said, it is difficult to describe the mode. I will, however, endeavour to make myself intelligible.

One method of tying a fleshy polypus that projects from the nostrils into the pharynx is this:—Pass a bougie into that nostril from which, judging by the exploration of the finger, you suppose the polypus to arise. It may have its origin from the septum between the two nostrils, and in that case you may pass it into either nostril, but generally by introducing the finger into the pharynx and turning it upwards, you will discover that the tumour arises from one or the other nostril. The bougie is to be passed through that nostril into the pharynx; the finger must then be introduced into the pharynx, the bougie bent, and one end brought out at the mouth. Thus, one end of the bougie projects from the nose, and the other from the mouth. You fasten a double ligature to the end of the bougie that projects from the mouth, and the loop hangs down. You draw the bougie out at the nose; the ligature, of course, follows it; you cut it off from the bougie, and then the two cut ends hang out of the anterior nostril over the upper lip, the loop at the opposite end hanging out of the mouth. The ligature should be strong and well waxed, so as to make it stiff. It should also be very long, or you will find the operation difficult; it is easy to cut it shorter. The next step of the operation is to get the ligature over the tumour. For this purpose you cut through the loop hanging from the mouth, so that there are now two single ligatures. One end of the single ligature is to be passed through a silver tube, and putting the tube into the mouth and pharynx, you carry one end of the ligature under the base of the tumour on one side of it. You leave that out of the mouth, and your assistant holds both ends of the ligature to prevent it from slipping; then with the same silver tube, you are to take hold of the other loose ligature at the mouth, and carry that on the other side of the polypus, and there your assistant is to hold it. A knot that will not slip must then be made of the two ends of the ligatures that hang from the mouth. You have a ligature now on each side of the polypus, and then, by carefully drawing the ligatures out at the end of the nose, you have got hold of the polypus at its base. A silver tube is then to be introduced into the nostril, and you tighten the ligature upon the shoulders of the tube in the same manner that you are taught in the lectures on midwifery to tighten a ligature on polypus of the uterus. It must be tightened every day till you have completely cut through the polypus. But if this were all, when the polypus was loose it would drop into the pharynx; that would be of no consequence if it were a small one, but if it were large it might choke the patient. To obviate this, after the ligature has been applied, pass a needle, with a strong ligature, through the polypus, and let the ligature hang out of the mouth, so that when the polypus is loose the patient may draw it out at the mouth. It was in this manner that I tied the very large polypus that I mentioned a few minutes since.

But there is another method that is still more convenient than this, and which I have employed on other occasions. It was the method adopted by Dessault. You require a silver tube by which the ligature is to be directed into the mouth, a shorter silver tube to be introduced into the nostril for tightening the ligature, and two pretty long ligatures. You introduce a bougie into the nostril and bring out one end at the mouth. To this you fasten a single and a double ligature; the single one must be very long. That being done, the bougie is to be drawn out at the nose, and, of course, the ligatures follow it. You then cut off the bougie, and you have the two ends of the double ligature hanging out of the nose, and the loop hanging out of the mouth; one end of the single ligature also hangs out of the nose, and one end out of the mouth. The single and the

double ligature always pass on one side of the polypus; but by means of a silver canula you draw the single ligature to the other side of the polypus. The ligature being held in its place by an assistant, the end of the single ligature, projecting from the mouth, is passed through the loop of the double ligature, and the ends of the double ligature being drawn out of the nose, the single end follows, and you make a ligature which you fasten by means of a canula introduced into the nose. This method is easier in practice than the one I mentioned before, though it is more difficult to describe. (The lecturer illustrated the foregoing modes of tying the ligatures on a paper model held by an assistant.)

MALIGNANT TUMOURS IN THE NOSE.

There are tumours which grow in the nostrils, and are sometimes confounded with polypi, but which are of a malignant character. There is an example of one on the table. A boy was admitted into the hospital with this tumour, I think, in the left nostril, which caused considerable bulging of the ala nasi. On looking into the nostril I saw a tumour of a brownish-red colour, elastic to the touch. It had not the appearance of a common polypus. It seemed to have a narrow attachment outside of the superior maxillary bone, but no attachment to the nostril elsewhere, for a probe could be passed round it. It was doubtful whether it proceeded from the antrum or not; for at that time there was no apparent enlargement of the antrum. It was evidently too firm to be removed by ligature or forceps in the usual manner. I divided the ala nasi, and carried the incision through the upper lip. This exposed the cavity of the nostril, and then, having discovered the base of the tumour, I cut it through, removing it as close to the bone as I could. To that part from which the tumour was removed, when the bleeding had ceased, I applied lint spread with chloride of zinc and flour, in order to make a slough of the part from which the tumour had arisen. The wound made in the upper lip soon healed, as these wounds do, by the first intention. For some time there was no appearance of the recurrence of the disease, and about three months after the operation the boy left the hospital. He returned, however, about a month afterwards, there being then a great deal of discharge from the nose, evident disease going on in the nostril, and a swollen belly. I did not then see him, for he was admitted, for the second time, just after I had resigned my office here. Paralysis of the lower limbs came on, and the boy died. On a post-mortem examination it was found that the disease had returned in the nostril, the tumour had destroyed, in a great measure, the ethmoid and sphenoid bones, and was seen lifting up the dura mater near a part of the ethmoid bone. It had also destroyed some of the bones of the face and filled the cavity of the maxillary antrum. The same disease existed in other parts of the body. There was a tumour of the same kind attached to the xiphoid cartilage; others were connected with the vertebræ and ribs, and the bodies of the vertebræ were altered. There was a deposit of substance, similar to that removed from the face, between the vertebræ and dura mater of the spinal canal, pressing on the spinal cord, and accounting for the paralysis of the lower limbs. There was likewise some effusion into the ventricles of the brain. This was evidently a malignant tumour, which might have been mistaken for a polypus, although the appearance was so different from common polypus that on removal of the growth the disease was readily distinguishable.

I have seen several cases of malignant tumour growing from the Schniederian membrane. In some cases there is reason to believe that the disease begins between the periosteum and the bone; but I have no doubt that malignant tumours do sometimes grow from that membrane. A young gentleman was brought to me bleeding profusely from the nose. He was of strumous complexion, and one of that class of persons who are liable to a vascular condition of the mucous membrane of the nose. It was of a much more than usually bright scarlet colour, and, indeed, looked like scarlet velvet. The least injury to it would make it bleed, not merely a little, but to many ounces; and there was quite an alarming hæmorrhage from a mere scratch with the sharp end of a probe. By and by he came to me with a sort of fungus growing from the diseased membrane over the inferior turbinated bone. This fungus was quite distinct, it was not larger than the end of the little finger, and was attached by a narrow neck. I snipped it off with a pair of scissors, but there was such a rush of blood that I could not tell whether I had removed the whole or not. The fungus returned; I suppose it was not entirely removed, and it grew rapidly. In a short space of time it filled up the entire nostril, and extended back to the pharynx, where it could be felt with the finger projecting the soft parts into the mouth. Mr. Keate saw the patient with me; we examined the tumour very carefully, and hoped that we might be able to remove it by ligature, or, at least, to remove a part. It was tied, but it proved to have so broad a base that the little piece removed did no good whatever. The fungus grew in spite of everything that could be done; it caused caries of the bones of the nose, destroyed the orbit of the eye, projected through the cheek, and ultimately the poor fellow died.

I saw another case, of the same kind. The fungous tumour having originated in the Schneiderian membrane, occupied a great part of the nostril, and then projected through the back of the pharynx. Sir Astley Cooper and myself attended the patient, and we agreed that it was better to remove that portion which protruded through the pharynx by ligature. I applied it in the way I have endeavoured to explain, with perfect ease. I took hold of the tumour with the ligature upon it, and in the course of a few days the ligature came away. Though a very large part of the fungus had been included in the ligature, it became so small and shrivelled that it was hardly observable, just as is the case with what Dr. Clarke calls cauliflower excrescence of the uterus. When that has been tied for some time, and the ligature comes away, the tumour being composed almost entirely of vessels, it vanishes; so it was here. The pharynx was cleared by the operation, but the tumour grew in spite of all that could be done, and we recommended the father, as we could do him no more service, to take his son away. I did not hear the result of the case, but I have no doubt that the patient died shortly afterwards.

From my experience of these malignant tumours, I should say—Let them alone. I never saw any ultimate good arise from any measures that were adopted for their removal; and, indeed, for the most part, malignant tumours in the nostril have so broad a base that any operation for their removal is out of the question.

As an instance of the love for manual operations may be cited a case occurring not long ago in a French hospital. A woman in this establishment had arrived at her full term of gestation, and the pelvis appeared too narrow to admit of the egress of the child. The surgeon in charge of the patient proposed the Cæsarian operation, but a majority of his colleagues determined to postpone this for a period. Determined not to be baulked, however, the surgeon resolved to perform the operation; though, fearing to fly alone in the face of the previous consultation, he went to secure the presence and co-operation of a distinguished obstetric practitioner. Both soon arrived, bistoury in hand, at the bedside of the unfortunate patient. But nature had got the start of art. While the deliberations had been going on so had labour, the result being a fine boy, who had preferred coming into the world by the old road.

A SIMPLE cell or vesicle is the very initiatory development, the *genesis* of every structure, in both the animal and vegetable kingdoms.—*Dr. Power.*

HOSPITAL FOR THE CURE OF DEFORMITIES.

COURSE OF LECTURES

ON THE

DEFORMITIES OF THE HUMAN FRAME.

BY

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Delivered at the Orthopædic Institution, Bloomsbury-square, in 1843.

LECTURE VIII.

Contracture and causes. Nature of lesion in nervous centres in spastic and paralytic contracture. Mechanical injury to nerves. Concomitant disturbance of functions of sensorium. Spastic rigidity in newly-born infants. Morbid anatomy of contractures. Organic changes of articular surfaces do not necessarily follow prolonged repose of the member. Restoration of largest articulations after many years' contracture possible. Description of anatomical condition of knee contracted twenty five years from paralysis. Absence of insuperable obstacles to cure. General treatment of contractures.

THE observation of a large number of cases of contracture, in the production of which spasm and paralysis have been the efficient agents, more particularly the simultaneous occurrence in the same individual of both these diseased conditions, leads to the conclusion that the nature of the primary lesion in the central organ is the same in either case. The origin of one class of spasmodic contractures through a chain of incident and reflex phenomena, has been already described; the remaining spastic contractures, as well as the paralytic cases, whether congenital or not, arise from disease in the brain or medulla spinalis. Probably in the majority of instances the medulla spinalis is alone affected. Contracture from spasm, or paralysis of a single muscle, of a set of associated muscles, or of the entire muscular system of an extremity, depends upon functional derangement or organic alteration in the medulla, limited to the roots of a proportional number of filaments of nerves distributed to the extremity. From the pathology of spasmodic diseases in general, it may be inferred that a higher degree of injury to the delicate fabric of the nervous tissue, or of the investing membranes, is required to produce paralysis of muscles than spasm. The lesion is, in most cases, inflammation, chronic or acute, in either of its stages of congestion, effusion, or ramollissement.

From the analogy offered by many spasmodic affections in their frequently transient nature, the smaller amount of atrophy ac-

companying spasmodic contractures, and the occasional occurrence of spasmodic contraction in an extremity as recovery ensues from complete paralysis, we may suppose that the slightest of the morbid changes in the condition of the capillaries of the nervous tissues or membranes—relaxation or congestion—may excite spastic action of muscles, and that the ulterior changes of effusion and softening induce sufficient compression and disorganisation of the nervous tissue to effect paralysis. Morbid anatomy has not yet clearly revealed whether slight congestion of the spinal veins may not suffice to produce that degree of disturbance of the medulla from which contracture arises. It is demonstrated that an adequate congestion of this nature may produce paralysis.

In order to test the accuracy of this opinion it can scarcely be objected that, if correct, paralysis, when gradual in its occurrence, should invariably be preceded by spasm; for, although relaxation of capillaries in a particular part of the central organ be adduced as the probable cause of spasm, it does not follow that spasm should necessarily result from such relaxation, as it may be regarded as one consequence only of that morbid change. Even the assertion that the morbid change in the nervous tissue which induces the perplexing phenomena of the spasmodic diseases in general depends on relaxation of the capillaries, is an assumption founded only on our ignorance of any other cause than inflammation capable of producing the effects we witness, and on the opinion that relaxation is the physical change which takes place in the capillaries during that process.

Many pathologists suppose that the opinion of a simply dynamic change in the condition of the ultimate fasciculi of the nervous centres will suffice to explain the occurrence of involuntary muscular contraction; such, for example, as chorea, hysterical contraction; and it might be inferred that the same hypothesis will apply to the primary origin of the spastic contraction under consideration. It is probable that an altered dynamic, vital or electroid influence, is the first in the series of phenomena manifested in spastic contraction, but in the present state of pathology this dynamic change can be presumed to produce its effects only by influencing the capillaries, as respects their action or tonicity, and their size.

It cannot be doubted that when hysterical or other contractures have ceased to be transient, but have existed many weeks, months, or years, something more than a dynamic or functional change in the nervous centres has ensued. Relaxation, congestion, or other more considerable organic changes will have succeeded. You should, however, bear in mind that after the lapse of time the lesion in the nervous centre may have entirely subsided, the deformity being maintained by structural shortening of the muscular structures.

Mechanical injury to a nerve in its course to an extremity may excite permanent contraction of the muscles to which its filaments are distributed, and a contracture may result. Delpech relates a case of talipes equinus caused by an injury of the ischiatic nerve from a gunshot wound. I have recently had under my care a contracture from a similar cause in the person of one of the brave defenders of Kelat, in Affghanistan.

Compression of the spinal nerves as they emerge from the vertebral canal, resulting from deformity of the vertebral column, may induce spasmodic and paralytic contractures of the upper or lower extremities, according to the situation of the deformity. In this case the spasm or paralysis may directly result from the pressure, or indirectly through production of organic changes in the nervous tissue.

The derangement in the medulla spinalis necessary to produce muscular contracture is, in many cases, evidently accompanied with cerebral disease. A common origin of these contractions is insensibility (coma) in infancy; either preceded by visible indisposition, as fever, diarrhœa, convulsions, or occurring suddenly (apoplexy), without premonitory symptoms. Sometimes the insensibility continues for many days, being succeeded by perfect paralysis of the entire voluntary muscular system. This usually subsides into hemiplegia, and subsequently wholly disappears, or contraction or paralysis of the muscles of an extremity or of several limbs remains. A common accompaniment of contracture in a large proportion of the voluntary muscular system, as of two or more extremities, and particularly when at the same time the muscles of the face and throat are involved, is an impairment of the intellectual powers. This may be slight, and evinced simply by excessive unsteadiness in application to intellectual pursuits, great irritability of temper; or more severe, causing ungovernable temper, uncontrollable tendency to destroy objects, cunning, hebetude, and weakness of every intellectual faculty, even complete idiotcy. In some instances, however, the weakness of intellect has appeared to result less from permanent injury to the brain than from the want of sufficient training and education after its recovery from the severe physical shock it had received. Epilepsy is an occasional complication.

In many instances the spasmodic affection is produced at the moment of birth, or within a few hours or days of that event. In the majority of the cases of universal contracture of the upper and lower extremities which have fallen under my observation, the subjects were born at the seventh month, or prior to the end of the eighth month of utero-gestation. In two cases the birth occurred

at the full period of gestation, but owing to the difficulty and slowness of parturition the individuals were born in a state of asphyxia, resuscitation having been obtained, at the expiration of two and four hours, through the persevering efforts of the accoucheurs. The fact of the greater liability to universal spasmodic contraction of infants prematurely born is susceptible of two explanations. I have ascertained that the premature labours in question were rarely induced by mechanical injury or sudden application of other causes, such as excessive exertion or a violent emotion, but were consequent on derangement of the health of the parent of some duration. One explanation, therefore, suggests itself, that the deteriorated health of the parent had directly impaired the nutrition of the fœtus, and both directly and indirectly the healthy development of the nervous system of the fœtus, creating a susceptibility to disease.

The second explanation that I may offer you, and one especially applicable to those cases of contracture concerning which doubt exists whether the spasmodic affection originated prior or subsequently to birth, is based upon the proposition that an infant, prematurely born, is, although in a normal stage of development, inadequately prepared to contend against the operation of external agents. The respiratory and circulatory organs of an infant under these circumstances are ill suited to the proper aëration of the blood, and its due transmission throughout the frame; the alimentary organs cannot yet be perfected for the elaboration of chyle, and the incomplete development of the nervous system must interfere with the assimilation of nutritive matter for the wants of the economy. It cannot occasion surprise that altered function, congestion, or disease of the most susceptible of the infant's organs, those of the nervous system, should occur. Hence the production in some cases of transient muscular contraction—convulsions and death; and in others of permanent spastic contractions in various parts of the body, succeeded by the forms of contracture under consideration.

MORBID ANATOMY OF CONTRACTURE IN GENERAL.

Few opportunities have been afforded me of investigating, by dissection, the organic alterations in articulations, contracted during many years, by causes that have operated at a distance from the articulations. The records of morbid anatomy are barren in this particular department. It is regarded almost as an axiom in pathology, that if any portion of the frame remain long in a state of inactivity, it will at length become so changed in its structure as to be incapable of resuming its functions. The application of this doctrine to contracted articulations has led to the assumption that, after the lapse of an uncertain period, the synovial surfaces undergo a gradual change of structure, the secretions become vitiated and diminished, and that adhesion of the articular surfaces, and, finally, complete ankylosis, result. I shall hereafter relate some circumstances which invalidate the accuracy of this opinion. I have already expressed my disbelief in the production of ankylosis simply from a state of rest. The prevalence of the opinion is, in part, attributable to the absence of discrimination between joints rigidly contracted and immoveable from disease within or among the structures of the joint itself, and those contracted from causes operating at a distance, and consequently in an indirect manner only on the joint, constituting contracture. With the assistance of this distinction in the characters of contracted joints, observable by you during life, you would, as morbid anatomists, necessarily seek, after death, for organic alterations in the first class of cases, and would infer the absence of similar lesions in the second class. It is not impossible that an articulation, rendered inflexible from the causes of contracture may, although not primarily lesed, subsequently become subjected to the operation of causes capable of injuring the integrity of the tissues. Thus you may consider that the muscles surrounding the articulation may possibly, by reason of the contracture, act so unequally on the articular extremities, that the reciprocal adaptation of one bone to another may be destroyed, and the investing cartilage suffer from the effects of friction, and abrasion result. But, although the possibility of this occurrence cannot be denied, the restoration to function of the largest articulations of the frame, after long-continued contraction, leads strongly to the conclusion that these secondary lesions do not take place. The subjoined figure (fig. 13) represents the anatomical condition of a knee-joint which had for twenty-five years been rigidly flexed from paralytic contracture. I am indebted to the kindness of J. Gay, Esq., surgeon to the Greville-street Hospital, for the use of the preparation from which the drawing is taken. This gentleman's report of the case is as follows:—"W. R., ætat. 26, died of fever at the Royal Free Hospital in Sept. 1840. He was born with perfect use of the limbs, but at the age of six months lost the use of the right lower extremity (from bad nursing) according to the report of his friends. He did not afterwards show any disposition to use that limb, and until the time of his death, walked upon the other leg and a crutch. The knee-joint became *perfectly fixed*, the leg and thigh being at a right angle."

You will perceive from this preparation that the only perceptible alteration from the normal condition of the articulation con-

Fig. 13.

Contracture of Right Knee at Right Angle, from Paralysis.

Posterior aspect:—

a. Femur.
b. Portions of muscles arising from posterior part of internal condyle.
c. Ditto, from external condyle.
d. Posterior part of articulating surface of internal condyle.
e. Ditto, of external condyle.
f, *g*, *h*, *i*, *k*. Muscular attachments to tibia and fibula.
l. Fibula.
m. Posterior surface of tibia.
o, *o*. Corresponding divided portions of capsular ligament.
p, *q*. Muscular attachments.
r, *s*. Tense crucial ligaments.

sisted in structural shortening of the external lateral and the crucial ligaments. This was sufficient, after removal of the resistance of the muscles, to maintain flexion of the articulation; but gentle pressure with the hand demonstrated the elasticity of these ligaments, and that the shortening of their fibres was inadequate to prevent straightening of the articulation on application of very moderate force. The relation of the tibia to the femur was that of outward rotation on the perpendicular and transverse axes, as in *ankylosis*. The influence of the crucial ligaments, when shortened from long-continued flexion of the articulation, in maintaining and probably in increasing the above rotation, may be studied in this figure. It appears incontestable that the peculiar arrangement of these ligaments (see *r*, *s*, fig. 13), their direction from the posterior part of the tibia and external portion of the fibula to the anterior and external surface of the internal condyle, favours the rotation of the tibia, on which, owing to its practical importance, I have so much insisted in the lectures on deformity from angular knee-ankylosis. Other opportunities of examining contractures after death have afforded the same results.

In addition to this testimony derived from pathological anatomy, the result of the application of curative measures proves the absence of organic alterations in joints affected with contracture. From examination of the numerous models around you, representing limbs affected, with their deformities, and their condition after the cure, you will comprehend the important fact, that articulations which, during twenty or more years, have been rigid, almost immoveable, and wholly unserviceable, through contraction of the surrounding structures, may, on removal of the contraction, be restored to their functions.

Treatment of Contractures in General.

A little reflection on the pathology of contractures will suggest to you the indications of treatment. When certain muscles are spastically contracted and the contracture is recent, the resources of medicine available in spasmodic diseases in general must be resorted to,—counter-irritation to the spinal column, laxatives, mercury, iodine, iron, arsenic, &c. You will bear in mind the tendency to structural shortening of muscular fibres and other tissues, and adopt those means of preventing this result of continued contraction which I described to you in the lectures on ankylosis.

The indications in contractures of long duration are several. You have, in the first place, to remove the structural shortening of muscles by mechanical extension or by division, as in the treatment of deformities from articular disease; secondly, you have to effect the replacement and mobility of the parts; and, thirdly, to restore the power of volition in the debilitated muscles as well as in those which preponderate. The means specially applicable to the individual contractures will occupy us in the next lecture.

CASE OF STRUMOUS DISEASE AND DISLOCATION OF THE ANKLE-JOINT,

WITH CONSIDERATIONS ON ITS TREATMENT.

To the Editor of THE LANCET.

SIR,—The following description of a case under my care may serve to explain to surgical students the effects of struma upon the animal structures, and caution them against unnecessarily interfering with the efforts of nature to relieve the patient:—

On the 20th inst., by request, I amputated the leg of a youth, ætat. 16, for a disease of the bones involving the ankle-joint and the tarsal articulations. He was considerably emaciated, and had some of the superficial femoral glands enlarged; his bowels were rather irritable, but he manifested no symptom of serious organic disease. The ankle and instep were enlarged, and unusually rounded; the foot and leg formed an obtuse angle with each other. The cutis was, for the most part, very thick, firm, and white. Sinuses existed opposite to each of the malleoli, which were removed posteriorly to the articulating surfaces of the os calcis. The ankle-joint admitted of an unusual extent of motion, laterally, but of little in any other direction.

On dissection, the cutis, generally, was found very dense, and firmly attached posteriorly to the tendo-Achillis. The head of the astragalus rested upon the os scaphoides; the inferior articulating surface of the tibia upon the superior surface of the os calcis, posteriorly to its articulating surfaces. The articulating surfaces of the whole of the bones constituting the ankle and the tarsal articulations, were generally white and polished, excepting the inferior posterior articulating surface of the astragalus, which was very rough. The scalpel easily cut through the lower ends of the tibia and fibula, and the whole substance of the tarsal bones, the interstices of their cancellated structure being very capacious, and containing a substance in appearance like red current-jelly. The muscles terminating in the tendo-Achillis, and the peronei, appeared to have been those principally instrumental in occasioning the dislocation of the tibia and the fibula backwards, and (during that process) in causing the tibia to exert such a pressure downwards and forwards on the posterior part of the astragalus, as to raise up the head of that bone, and force it from its usual situation forwards. Hence its dislocation upon the

os scaphoides, and probably the destruction also of its inferior posterior articulating surface.

It were questionable, however, whether the disease originated in the inferior posterior articulating surface of the astragalus, or otherwise. Inflammation, doubtless, occasioned the increased density of the cutis, but the original nature of the disease occasioning the increased size and diminished density of the bones, was apparently opposite to inflammation. Wherever it had its origin, the substance in which it mostly prevailed was the cancellated structure of the bones. Admitting it to have originated in the inferior posterior articulating surface of the astragalus, that circumstance would demonstrate that any long-continued irritation in the cartilage of any of the bones of the foot is sufficient to generate, in a certain condition of the system, this specific disease within the cancellated structure of the bone, and within the same structure of the bones situated in the surrounding parts, exclusive of their articulating cartilaginous surfaces; and, therefore, that the cancellated portion of the bones is more susceptible to the disease than any other parts of their structure: or if the disease had its origin within the cancellated structure of the bones itself, the same superior tendency to strumous disease of that over the cartilaginous structures of the joint is indicated. As the nature of the disease is obscure, so accordingly must the treatment employed in such a case be empirical; although, doubtless, the removal of any irritation occasioned by irregular pressure, concussion, or otherwise, is indispensable for the patient's comfort. The tibia resting upon the os calcis *only*;—the superficial layer of muscles of the calf of the leg being permanently contracted, suspending the heel;—the dislocation of the head of the astragalus on the scaphoid bone;—does tenotomy offer anything advantageous in such cases? To divide the tendo-Achillis would be impracticable, without the instrument employed being introduced into the ankle-joint. If this operation were effected, what would it avail? Little, if anything,—the tendo-Achillis being firmly organised to the cutis, which is firm and thick, so much so, that the one could not be detached from the other without dissection. It is true that after the division of the tendo-Achillis and of the tendons of the peronei muscles, the dislocation of the tibia and the fibula backwards might be reduced, but such a procedure would entail upon the patient inexpressible agony. If these observations are said to apply only to the disease in its advanced stages, it may be replied that if the means alluded to be not applicable in those stages of the disease, they are not admissible in any other. I am, Sir, yours obediently,

M. D. THOMPSON.

Stalybridge, Nov. 21, 1843.

TRIAL AND FAILURE OF NAPHTHA.

To the Editor of THE LANCET.

SIR,—When any particular medicine is vaunted for its success in the treatment of a disease usually considered to be incurable, it is but right that both sides of the question should be viewed with equal attention. As a *per contra*, therefore, to the two cases published in THE LANCET (pages 216, 251) as corroborative of the reality of Dr. Hastings' specific for consumption, I think it my duty to bring forward some instances of the utter failure of the medicine (naphtha). In doing so I do not think it necessary to apologise for the empiricism of the proceeding, as I look upon confirmed phthisis as one of the very few diseases in which such practice can be justified. It is true that the cases in which I have hitherto employed naphtha were not very promising, but it was my determination, in testing the powers of the remedy, to exhibit it only in cases concerning the nature of which there could be no doubt. I have given it in eight cases, three females and five males. Of these, three are already dead, the remainder are still alive, but dying gradually. In five of these cases there were unequivocal signs of cavities in one or both lungs, with emaciation and copious purulent expectoration. In the other three the disease was not so far advanced; but besides the signs of tubercular deposit, crepitous and submucous râles, with the appearance of pus in the sputa, indicated that softening had commenced. In none of these cases could I perceive the most trivial benefit from the medicine; neither was the perspiration checked, as it is stated to be, as if by magic; nor were the cough and expectoration diminished. In two instances nausea was complained of, and every patient, without exception, implored its omission. I mention these cases, not to discourage others from trying naphtha, for I should, in common with every humane man, be happy to think that a check was at last found for so fearful a scourge as phthisis, but to guard against a too confident reliance upon its powers. With regard to the cases published in THE LANCET. Mr. Wilson will, perhaps, excuse my saying that his case is not an instance which can be taken as an unequivocal testimony in favour of naphtha. For, granting that there was tubercular disease at all, which the remark of one of the two "acknowledged stethoscopists" ("I *think* there is obstruction in the left lung, most probably crude tubercles") leaves somewhat doubtful, there are, at all events, no symptoms but those of the most incipient stage of the disease. The sound, on percussion, not decidedly dull, but only "*duller*" over the right infra-clavicular space than over the left side, the intermitting cough without ex-

pectoration, indicate no more than the existence of scattered tubercles. Now this is a condition which is occasionally removed and more frequently suspended by the usual modes of treatment. No stress, therefore, can be laid upon the cure of such a case by naphtha. But if the disease has only been suspended by its use, and there is no evidence of its entire removal, the value of the case is still further diminished.

The other case (LANCET, p. 216) is worthless, for two reasons. In the first place, it is called Phthisis in THE LANCET,* and Chronic Bronchitis in the *Medical Gazette*; and, in the second place, one portion of the narrative is flatly denied (LANCET, p. 280) by the physicians of the Colchester Hospital; so that a certain degree of doubt involves the whole. In conclusion, I repeat that I have no object in this communication but to set the subject in a true light. The medicine is, perhaps, worthy of further trial, and such I intend to give it. I am, Sir, your obedient servant,

WM. H. RANKING, M.D., Cantab.

Bury St. Edmunds,
Nov. 29, 1843.

ENORMOUS ENLARGEMENT OF THE PROSTATE?

To the Editor of THE LANCET.

SIR,—If the following case possesses sufficient interest, you will oblige me by inserting it in your excellent Journal. I am, Sir, your obedient servant,

CHARLES HODGKINS, M.R.C.S., &c.

Bilston, 1843.

The parents of W. B., ætat. 7 years, at about the middle of November, 1842, observed that after playing he came into the house very much bent as he walked, and complaining of having "hurt his belly;" but as no external bruise appeared, they did not think proper to apply for aid, and he seemed soon to regain his cheerfulness. He, however, spoke, in a few days, of uneasiness and difficulty in passing his urine, getting up frequently in the night and straining very much before he could make water. This continued for a fortnight, when, the symptoms becoming more urgent, on the 1st of December I was sent for, and found him lying in a bent position on the left side, with his legs drawn close up, and complaining of great pain in the belly, heat, thirst, and other febrile symptoms, with constipation of a fortnight's duration, and passing very little water. Thinking, probably, that the loaded state of the bowels was the source of evil, merely prescribed a brisk purgative, with fomentations to the belly. On the following day the bowels had acted, but the urine had decreased in quantity. I now ordered another cathartic, and to continue the fomentations.

Dec. 3. A vast quantity of liquid stool, mixed with scybala, had passed; the febrile symptoms less; but the bladder had ceased to act, I therefore introduced the catheter, and drew off three pints of strong-smelling urine.

On the 5th, the retention still continuing, I examined the case more minutely. On introducing the finger into the rectum the coats of the bladder appeared to be very much thickened, but I failed to detect any tumour. The abdomen appeared full and rather tender, but no particular viscus seemed to be the seat of disease.

8. During the last two days he objected to the introduction of the catheter, as the urine had dribbled away frequently involuntarily, but the distention now being painful, he wished it drawn off, after which this remedy was employed daily. I now supposed that the bladder might be paralysed from over-distention, and endeavoured to pass a gum catheter, and leave it in, but failed, and he decidedly objected to a metallic one remaining.

14. To-day I again examined per rectum, and found what appeared to be a large tumour occupying the situation of the prostate gland. The general fulness of the abdomen increased; the bowels continued to act regularly. I prescribed remedies to reduce the tumour, such as hydriodate of potash, &c. (leeches were objected to); nevertheless, the disease continued to increase, and by

Jan. 10 the fundus vesicæ appeared level with the umbilicus; the testes were retracted; he began to emaciate, and his appetite became capricious.

Jan. 25. The disease still progresses; he is very much emaciated; the belly very large, and one leg (the left) œdematous. The water drawn off has acquired a strong fæcal odour; the bladder appears above the umbilicus, nearly as high as the pit of the stomach, and a hard substance can be felt across the hypogastrium, behind the bladder. This increased so rapidly that a medical friend who saw him with me supposed there was extensive hepatic enlargement. All the symptoms continued to increase until the 2nd of February, when he died.

Autopsy Twenty-four Hours after Death.

On opening the abdomen the bladder was found to occupy a very prominent situation, the neck being seen above the pubis and the fundus in front of the arch of the colon, and as high as the inferior curvature of the stomach. It contained about two pints of urine. Its coats were very much thickened and extremely varicose. There was a black patch, of the size of a half-crown piece, as

* Not by the Editor. The heading prefixed to the communication left the question perfectly open.—ED. L.

if gangrene had commenced on the posterior side. The peritoneal cavity contained about a pint of serum of a strong fæcal odour. Behind the bladder a large tumour appeared, filling the whole cavity of the pelvis. It was rather firm to the touch, and so completely did it take up the whole cavity of the pelvis, that I had considerable difficulty in inserting a finger between it and the bones, and the circumstance naturally created surprise that the patient was able to pass the fæces. On raising it out of the pelvis I found that it was attached to the bladder in front and to the rectum behind. It joined the bladder at about an inch above the entrance of the ureters, occupying the entire space of the trigone to the apex. The shape was precisely that of the prostate. The length was seven inches, and the breadth four and a half or five inches. It weighed between three and four pounds. On the posterior surface there was a depression or groove, along which the rectum was attached, which enabled the fæces to pass. The ureters, which were distended to the size of a finger, entered it about the middle. On cutting into it the structure of the tumour looked like that of the prostate seen through a magnifying-glass, spongy in texture, and easily broken down. Its colour was very similar to that of fresh Castile soap. All the other viscera were healthy, but pushed upwards, the liver being quite up in the chest, and the stomach behind the sternum. The head was not examined.

THE MEDICAL-AID-FOR-NOTHING PLAN.

To the Editor.—Sir: Mr. Robertson would make us believe (page 310) that he attends the poor women for nothing, out of charity. Very likely, that! Mr. Robertson himself admits that there are about twenty institutions in London where they may be delivered gratuitously,—the very reason why Mr. Robertson should not trouble himself. He might contribute to those institutions if he wishes to mark his charity. But then he says that the lying-in societies are served by "raw boys" from the country. Was Mr. Robertson never a raw boy? Had *he* not a *beginning*? Who can do without it? If Mr. Robertson will attend poor women within one mile of Christ-Church, Dorset-square, he must embrace a circuit of six miles. Can he attend to them all himself? Nay, will he not employ at least half a dozen raw boys to help him? Raw or not, any one can see through this sort of "charity." When women come between eight and ten o'clock, some may be caught who *can* pay, though ticketed "poor." Very many *physicians* in London pretend to give advice gratis; but what is their real scheme? They prescribe, recommend certain druggists, and get 50 per cent. on the medicines. Needy men's budgets are full of schemes. I have the unfortunate honour to be, Sir,

A Raw Country Boy.

December, 1843.

*** It is all very well and highly charitable to give away advice and medicines, but to *advertise* the fact,—to *invite* patients to come and carry them off! What must we call *that?*

A STATISTICAL ACCOUNT OF THE METROPOLITAN DISPENSARIES,

THEIR AGE, MEDICAL OFFICERS, PATIENTS, PHARMACEUTICAL EXPENSES, AND ANNUAL INCOME, AT

GIVEN RECENT DATES.

To the Editor of The Lancet.

Sir,—I send you a table relating to, I believe, all the dispensaries in London, thinking it may prove interesting to your readers. It contains its own explanation. I may mention here, however, that those dispensaries which are called "Free" do not require patients to bring letters of recommendation from governors, while those named "Provident" are partly supported by periodical subscriptions from the patients themselves, any surplus funds remaining at the end of the year being divided between the medical attendants.

I have curtailed the numbers of patients, in many instances, as given in the reports, because the means adopted to produce a handsome array are frequently not consonant with strict accuracy. For instance, many institutions require a renewal of the recommendatory letter—say *every month*—and those letters are all entered on the books, so that a chronic case which may be *a year* under treatment, would thus be accounted as *twelve patients*. Another way is, to carry forward, in each year, a number of patients as remaining on the books from the last year, and one establishment does this to the amount of *one thousand*. Others put down a good round number as the share of the dentist, as vaccinations, or as casual patients who have not been entered on the books. There can be but one fair way of enumerating the patients, and that is by entering them all in the books *once*, and counting the numbers from the 1st of January to the 31st of December. Such cases as are not entered on the books are too trivial to be worthy of consideration, and all other methods of counting indicate rather a love of exaggeration than of truth.

I remain, Sir, yours faithfully,

John Chippendale.

Great Queen-street, Lincoln's-Inn,
November, 1843.

	Name of Dispensary.	Consulting Physicians.	Consulting Surgeons.	Physicians.	Surgeons.	Consulting Accoucheurs.	Accoucheurs.	General Practitioners.	Apothecaries.	Dispensers.	Dentists.	Cuppers.	Date of last Report.
1	Aldersgate	1	....	4	3	....	....	....	1	1	....	....	1843
2	Bishop's-court	2	....	2	1	....	....	....	1	....	....	....	1841
3	Bloomsbury	....	1	1	1	....	....	....	1	....	....	....	1843
4	Chelsea, Brompton, and Belgrave	....	....	2	2	....	2	....	1	....	....	....	1842
5	City (Queen-st., Cheapside)	....	....	2	1	....	....	....	1	....	....	....	1843
6	Eastern	....	....	1	1	P	....	....	1	....	....	....	1842
7	Farringdon	....	....	3	2	....	1	....	1	....	....	....	1843
8	Finsbury	....	1	2	1	....	....	....	1	....	1	1	1842
9	Fitzroy	....	....	....	....	....	....	1	....	1	....	....	1843
10	Fore-street	....	....	2	1	....	....	....	1	....	....	....	1842
11	Free (Blenheim-street, Oxford-street)	....	1	2	3	....	1	....	....	1	1	....	1841
12	General, for Children (Worship-street)	....	....	....	....	....	....	1	....	1	....	....	1843
13	Islington	....	....	3	2	....	....	....	1	1	....	....	1842
14	Kensington	1	1	....	....	....	3	8	1	....	....	....	1843
15	Kent (Deptford)	....	....	1	....	....	15	15	1	....	....	....	1843
16	London	1	....	2	1	....	....	....	1	....	....	1	1843
17	Metropolitan Free Hospital	....	....	3	3	....	....	....	....	1	1	1	1843
18	Northern	1	1	2	1	P	....	....	1	....	....	1	1843
19	Paddington Provident	1	1	....	....	S	....	3	1	....	....	....	1843
20	Provident (Charlotte-street, Portland-place)	1	1	....	....	S	....	4	....	1	....	....	1842
21	St. George's and St. James'	1	1	2	2	2 P	....	....	1	....	....	1	1841
22	St. Giles's North-east District	....	....	1	....	....	....	....	....	1	....	....	1843
23	St. Marylebone	....	....	2	2	P	....	....	1	....	....	1	1843
24	St. Pancras	1	1	2	1	P	1	....	1	....	....	....	1841
25	South London	2	....	....	1	....	....	5	1	....	1	....	1842
26	Surrey	....	....	4	2	....	....	....	1	1	....	....	1841
27	Tower Hamlets	2	....	1	1	P	....	....	1	....	....	....	1842
28	Western (Charles-street, Parliament-street)	2	....	2	1	....	1	....	1	....	....	....	1843
29	Western General (Lissongrove)	2	2	2	3	....	....	....	1	2	....	....	1842
30	Westminster General	3	1	2	2	P	....	....	1	1	....	....	1842

1. The fourth physician is called an assistant physician.

2. Contract for their drugs: no expensive drugs used.

3. Use a pharmacopœia of their own: no expensive drugs.

5. No expensive drugs: have a truss society attached.

9. Attached to a chapel and visiting and clothing society.

10. Have a charitable visiting society attached.

14. The three accoucheurs are three of the general practitioners in the other column, but who perform this duty as well as that of ordinary medical attendant.

15. The accoucheurs and general practitioners are identical. Midwives are also employed.

18. Have an orthopædic society attached.

19. Have a visiting society and a book society attached.

22. Free, attached to the Irish schools. Discontinued.

Number of years established at date of last report.	Number of Patients seen in those years.	One Year's Patients, according to last Report.	Cost of Drugs for One Year inclusive of Leeches, when given.	Cost of Drugs and Leeches per Patient.	Give Leeches.	Cost of Leeches for One Year included in the Column showing the cost of Drugs.	Annual Income according to last Report.
			£ s. d.	s. d.		£ s. d.	£ s. d.
73	271,858	6699	335 13 10	1 0.026	L	0 18 8	707 19 0
51	172,220	4135	97 16 9	5.678	L	4 0 8	520 16 0
42	95,475	3129	69 17 6	5.359	..	....	941 16 3
20	59,715	1832	149 16 5	1 7.627	L	21 6 6	419 2 2
54	250,747	5443	107 14 7	4.75	L	9 2 9	450 0 0
61	97,373	2779	226 9 0	1 7.193	..	....	685 1 8
15	51,444	5000	180 0 0	8.64	L	13 0 0	427 0 4
62	222,000	5000	314 8 11	1 3.093	..	....	831 13 5
10	6,239	551	37 3 3	1 4.186	..	....	....
63	65,000	6000	216 11 11	8.663	..	....	410 8 7
10	12,750	1700	43 0 0	6.07	..	....	245 14 6
5	22,212	4302	14 10 0	.808	..	....	50 0 0
21	66,361	4932	199 12 4	9.713	L	25 1 6	618 19 4
2	2,266	1214	103 9 1	1 8.452	L	18 15 0	481 19 5
60	167,722	4102	298 9 6	1 5.463	L	36 8 0	952 17 0
66	204,324	2000	65 18 10	7.913	..	....	540 19 1
7	45,681	9901	189 1 3	5.742	..	....	571 1 7
33	50,000	1989	109 14 9	1 1.241	L	11 9 10	307 12 2
6	4,123	1145	26 6 4	5.516	L	4 5 8	260 9 4
9	7,448	1064	47 0 1	10.602	L	1 15 6	552 13 9
24	56,922	3205	272 7 3	1 8.395	..	....	699 16 5
16	12,780	1065	33 2 8	7.466	..	....	....
58	95,827	2427	193 12 7	1 7.147	..	....	622 13 6
4	6,445	2005	154 2 4	1 6.447	L	9 18 7	405 15 0
21	21,000	2299	156 14 10	1 4.362	..	....	695 5 4
64	211,348	4286	451 12 1	2 1.288	..	....	1431 14 11
50	53,576	1500	137 12 1	1 10.016	..	....	368 17 3
54	129,389	6390	239 6 10	8.989	L	18 15 0	884 3 2
12	35,284	2906	202 2 7	1 6.693	L	....	595 9 5
69	302,957	4580	142 10 9	7.469	L	7 12 1	703 11 7
							16,483 10 2

23. Employ midwives: have a Samaritan society attached.

26. Use a printed pharmacopœia of their own. Contract for drugs. Employ midwives.

28. No expensive drugs allowed. Employ midwives.

29. Have an infirmary, with a few beds.

There is also, in Fleet-street and its neighbourhood, what is called a "Houseless Dispensary," the name of which is the "Western City Dispensary." It has no dispensary house, but the prescriptions are sent to various apothecaries' and druggists' shops, and the subscribers are charged at the rate of half-a-crown for each patient, and half a guinea for each midwifery patient.

CONTINENCE, NEVER THE CAUSE OF SPERMATORRHŒA.

To the Editor of THE LANCET.

SIR,—In the number of your Journal for November 18, at page 210, I have just read an article on spermatorrhœa, by Dr. Dangerfield, of Newport, in which *prolonged continence* is brought prominently forward as a cause of this affection, professing too, to be based on actual observation, and supported by all the weight of authority which belongs to the justly celebrated Professor Lallemand, of Montpellier. I have recently seen the same views stated more than once in the periodicals of the day, and I am surprised that no one (so far as I am aware) has hitherto taken the trouble to prove them as certainly false, as they are calculated to be injurious, and to denounce them, not only as subversive of the laws of morality, but, also, as opposed to the principles of physiology. I cannot again pass them over without raising one feeble pen, at least, in the endeavour to correct the error which I point out, and to assert boldly, that *the laws of physiology* are not, in the present instance, and *can never be opposed to those of morality*. Sad, indeed, would it be were it otherwise!

May I beg of you the favour to insert the following remarks in the next number of your admirable Journal unless you should have meanwhile received a better communication on the same subject. The care and precision with which the essay is written, makes one regret the more that Dr. Dangerfield should have added his own testimony to that of his favourite teacher. The passages in it which I hope to prove erroneous are the following, taken from Lallemand's clinical lectures:—

"Prolonged continence is followed by spermatorrhœa and impotence in almost all cases. I have come to this conclusion from observation in private practice in a set of men who, by religious obligations, are prevented sexual intercourse; the system is at first relieved by nocturnal emissions, but which, by a kind of habit, frequently change for diurnal losses."—P. 214.

And again:—

"After the age of puberty the secretion of semen cannot be suspended or sensibly diminished without more or less injury to the health; the accumulation of this fluid in the seminal vessels must naturally produce importunate erections, inevitable relapses or nocturnal or diurnal pollutions, all of which cannot be prevented but by sexual intercourse. This is the only remedy that can recal to a healthy state the altered functions and modify the morbid sensibility of the organs; it is the sole effectual means, both for the present and future, that can reform unnatural tastes, as it enables the patient to perceive the immense distance which separates his melancholy and disgusting pleasures from those naturally and physiologically procured."—P. 216. And with this opinion Dr. Dangerfield coincides.

The best modern authority that I can oppose to these extraordinary views is that of M. Cruveilhier, who, in his admirable lectures on pathological anatomy (*lésions de canalization*), given at the university of Paris in 1841, when speaking of spermatocele said, "Spermatocele is a reputed swelling of the testicle from retention of sperm, but I have never seen it, and I do not believe that the authors who speak of it have either; at least there is no authentic record of any case. It is said to be caused by continence, but I do not believe it; for it is a known physiological law *that the less a secreting organ is exercised the less secretion takes place*, until it altogether ceases, and in such cases the testicles are not long in becoming atrophied. *I have never seen a single case in which continence has produced any evil consequences on the economy*, although with the young priesthood, opportunities of observation are by no means wanting." (MS. notes.) Here then is an opposite result from the same field as that to which M. Lallemand alludes. M. Andral is also of the same opinion, but I have not his words. Galen has spoken of the atrophied state of the testicles with the athletæ, who abstained from all sexual indulgence, the better to preserve their strength. Haller also saw many cases of atrophy from similar causes. So much for the authorities which occur to me at the present moment, and no doubt many others equally grave might be easily added, but I think it will be allowed here, that the scale is already turned in favour of the cause of morality.

Let us now see how the passages themselves will bear the test of examination, prefacing our observations with the remark that we use the term "spermatorrhœa" to express an inordinate, unnatural discharge of semen, and we suppose M. Lallemand to give it the same signification. The evil consequences of spermatorrhœa, from whatever cause, when carried so far as to produce impotence, are graphically depicted in the first part of Dr. Dangerfield's essay. Both the mental and corporeal energies are truly represented as becoming gradually more and more weakened until the condition of the infatuated patient becomes most wretched and miserable, and he "wishes for death without the courage to destroy himself. At length epilepsy, catalepsy, (?) mania, or some other disease of the nervous system," carries him off to a premature grave. Now, if "almost all" who are subjected by duty to prolonged continence must undergo this dreadful array of symptoms, truly the office of priest in the Romish church does not present a very alluring aspect (at least to those who intend to perform its duties conscientiously). I do not wish for one moment to question the

correctness of Lallemand's observation, but *the cause* must be sought for, I contend, elsewhere than in the simple fact of continence—however satisfactory this explanation might be to the sick—say from hæmorrhoids, or other affections of the rectum, irritability of the urinary organs from dyspepsia, &c. &c., as the case may be. This I leave with him, and will now proceed, from the consideration of the *facts* adduced, to make a few observations on the *opinions* contained in the last paragraph I have quoted, the tendency of which is much more likely to be injurious to society at large than the preceding one. The only conclusion to be drawn from this is indeed most monstrous. Does any man from the age of puberty want an excuse for gross immorality? Here it is afforded him, and with the full weight, too, of medical authority. If it indeed be true, that regular periodical sexual intercourse is absolutely necessary for the preservation of health, what is to become of religion and morality? The government of France now seem to recognise it to be so, if we might argue from the fact of its authorising publicly immoral institutions; but I have adduced two of the highest medical authorities in Paris against it, and have shown that the conviction which results from their experience is utterly opposed to it. No! I repeat that it is false. The weight of authority, observation, and experience, are all against it. The laws of physiology do not here, any more than elsewhere, infringe on those of morality. No, it is untrue. Continence may cure, but it cannot cause spermatorrhœa. Continence will strengthen the constitution; but it cannot be productive of the evil consequences attributed to it by M. Lallemand, Dr. Dangerfield, and others.

I might go on to argue with considerable success that the natural action of the testicle is, in great measure, subservient to the lusts of the eye and the imagination, and that libidinous desires are most frequently the result of impure thoughts, and not caused by, or proportioned to, the amount of semen collected in the vesicles. But I have already trespassed too long, I fear, on your columns, and can only now beg of you another line or two in conclusion, to express my gratitude, in addition to that of the rest of my professional brethren, to Professor Lallemand for the ability, the energy, and the perseverance he has again displayed in so clearly elucidating the general causes, symptoms, and treatment of an hitherto obscure disease. I have also, an old debt of thanks to give him, for the pleasure and profit I derived from his letters on the brain, and I take this opportunity of paying it; but there, as here, he was inclined to ride his hobby a little too hard for me to keep pace with him. But I have gained too much in running with him, to stay behind without regret, and since he has modified his views on diseases of the brain, it is to be hoped he will yield on this subject also, and admit all it is the object of the present letter to urge, viz., *that continence can never produce spermatorrhœa, or be otherwise injurious to the general health; and that the laws of physiology are never at variance with those of morality.*

Apologising for the length of my letter, I remain, Sir, your obedient servant,

HENRY GRAVES BULL, M.D., Edin.
M.R.C.S.L. and E. &c.

Hereford, Nov. 29, 1843.

CAUSE OF IMPOTENCE.

To the Editor.—Sir: In THE LANCET of Oct. 14, p. 68, "MEDICO-CHIRURGUS" complains of the want of information on impotence resulting from morbid seminal emission and sexual excess. Until lately, indeed, the subject appears to have received but little attention from respectable and regularly-educated practitioners. During my attendance upon classes as a medical student, both in this country and on the Continent, now nine years ago, I never heard a sentence on the subject from any lecturer. Sir Astley Cooper has devoted a paragraph in one of his lectures to the subject. Sir B. Brodie, and Drs. Elliotson, Seymour, Addison, and others whom I might enumerate, whose lectures I attended, never once broached the topic of impotence, which, in fact, appeared consigned, as if by general tacit consent, to the unprincipled tribe of hand-bill empirics, and a lucrative business, for many years, many of those fellows have made of it. Their baneful monopoly, however, I believe, is now fast closing, for impotence and sexual lesions, in all their varieties, are beginning to attract the attention of the regular practitioner. Within the last year or two I have read in THE LANCET, with much instruction, some papers on impotence and sterility by Dr. J. R. Smyth. If your correspondent "MEDICO-CHIRURGUS" (until the scientific book which he laments the want of may appear) will peruse those papers, I feel pretty certain, from my own experience, that he will better understand the treatment of the cases of *impuissance* which he states has baffled him. Dr. Smyth, in attributing the primary cause of impotence (in the majority of cases in the male) to permanent or temporary failure of the functions of the testicles and vitiated seminal secretion, with *consequent* disorder and defect of generative orgasm and spermatic emission, is the propounder, in my opinion, of a truer pathology than others, who attribute the cause of the malady principally to irritability and chronic inflammation of the membranous portion of the urethra and of the lining membranes of the seminal vessels. I am, Sir, your faithful servant,

PHILO-SCIENTIA.

Cheltenham, Nov. 8, 1843.

THE PARADISE OF QUACKS.

To the Editor.—Sir: Although not a medical man, I am an occasional reader of THE LANCET, and perused lately, at page 46, a paper by Dr. Ranking, of Bury, on the subject of Spermatorrhœa, and a letter at page 152, from "CHIRURGUS" (*arcades ambo?*), who criticises the Doctor for acts of omission and commission, of which, I think, "CHIRURGUS" is himself unquestionably guilty. However, without saying more on this subject, let me ask, how, in the name of common sense, medical men can complain of empiricism, when they seem to show such an amount of ignorance on this subject (spermatorrhœa, with its adjuncts and derivatives), from which empirics reap their greatest harvest.

Drowning men grasp at straws, and is it not quite in accordance with human nature that afflicted persons should endeavour to obtain relief from those who, at least by assertion, raise a hope of accomplishing what the licensed practitioner does not, or cannot, effect, and not to be able to do which he considers no mark of disgrace; though he is ready enough to condemn the quack for pocketing the guineas which his own deficiencies force upon that personage—confessedly his equal, if not by practice his superior (rude and illiterate though he may be) in this neglected, but fertile, field of disease?

There is another view to be taken of this subject. Little, if anything properly, is yet known of the effects of cauterisation in these diseases, in England, at any rate; and men of first-rate ability do not place implicit reliance on either Lallemand, or any other member of the French schools. Those, therefore, who have the misfortune to be afflicted with complaints of this kind, have the prospect, if desirous of a *radical* cure, of offering themselves as victims to be tortured by cauterisation, for the purpose of dissipating the cloud of ignorance which appears to hang over the mass of new candidates for practice sent forth by the colleges year after year. To these gentlemen the "*vives douleurs*" of Lallemand, caused by the application of the caustic, are mere bagatelles; but what are they to the unfortunate patient doomed to undergo the torture and, perhaps, *not* reap the benefit? I presume it will be the story of the eels undergoing the process of skinning in the hands of the fishwife,—"Nothing when they're used to it."

Before concluding, I beg to ask whether cold water (as I gather from reading) be almost invariably prescribed in this class of cases, by way of ablution, on account of its tonic properties; and if (as I presume) it be attended with beneficial results, why should not injections of cold water be applied *internally* to the neck of the bladder and the parts chiefly directed to be cauterised by Lallemand, with a view of accomplishing (and I should imagine without danger or pain) the very object that is sought for by the torture with which cauterisation must be necessarily attended.

If the insertion of this letter in THE LANCET help to stimulate the profession to wipe away the opprobrium which attaches to their neglect of these complaints, the object will be effected of, Sir, your obedient servant,

NON-MEDICUS.

Rochdale, Nov. 14, 1843.

ACCOUNT OF THE

EPIDEMIC FEVER

PREVAILING

THROUGHOUT GLASGOW AND ITS NEIGHBOURHOOD.

By MATTHEW H. GIBSON, Esq., Surgeon, of that city.

THE history of a particular disease, especially when it prevails epidemically in a large town or city, is always particularly interesting, and worthy of being communicated to the profession. I therefore purpose to supply, on the present occasion, some account of a peculiar kind of fever which has been raging in Glasgow to a most alarming extent for the last four months. The opportunities afforded me of witnessing this singular disease have not been few, 114 patients having been under my immediate care since its commencement, amongst which number there has been every variety of the complaint.

This fever has been designated by various names by the public. At first it received the name of *influenza fever*; it was afterwards called (from the circumstance of the individuals attacked becoming jaundiced) the *yellow fever*; likewise the *spotted fever* (from the numerous petechiæ which appeared on the surface); and, lastly, the *common typhus*. As is the case with all fevers, a difference of opinion as respects its contagious nature exists amongst the medical public in this quarter. I cannot think, however, that those who have had any, experience in this disease will even doubt its infectious character. At all events, sufficiently abundant examples have come under my notice to convince me that the present fever is exceedingly infectious.

In describing the epidemic in question, I shall, in the first place, delineate the symptoms as they appeared during the natural progress of the disease; in the second place, point out the digressions from the natural course, or, in other words, those peculiar symptoms which occasionally appeared during the progress and towards the termination of the complaint; and, in the last place, make a few general remarks on the disease itself and its treatment.

Previously to enumerating the symptoms, I may as well observe here, that the fever has two distinct and separate stages, or, rather, crises, the first crisis taking place at the termination of the sixth, seventh, or eighth day, and the second crisis concluding at about the same period, after the lapse of an intervening space of time of the same duration. But, to be more pointed, I may state that before the patient can be said to be entirely free from the fever, nearly three weeks pass over. After having laboured under the malady for a week, a complete remission from all the symptoms takes place, the individual, to every appearance, speedily recovering for another week—indeed, so much so, that the greater number of them have been able to take an airing once or twice—when, at the commencement of the third week, an accession of all the former symptoms has supervened, and these progress precisely in a similar manner to that which I have stated above as characterising the first accession of symptoms.

I.—*First Stage, or Division.*—Symptoms. This malady, then, as in all fevers of a similar type, is generally ushered in with rigors and pain in the head and loins, accompanied by pains all over the body. Tongue furred and white, as if rubbed over with chalk, and sometimes yellowish; but, in the greater number of instances, it is brown and dry from the commencement. There is considerable thirst and great oppression. In almost every case there is a great amount of gastric pain, particularly felt on the slightest pressure being made, and that chiefly from the very outset of the disease. Those who experience the brown dry tongue have this pain, for the most part, most acute, and not unfrequently accompanied with vomiting of green bilious matter. As the fever progresses the thirst increases. In mild cases the tongue retains its moisture; in more severe cases it becomes brown, dry, and hard, and, in some instances, cracked and fissured. Sordes likewise appear on the teeth. By the second day, or third, at most, innumerable petechiæ appear all over the body, particularly in the regions of the neck, forearms, and trunk; they are mostly very minute, interspersed here and there with others of larger size. Some of the the spots are of a bright-red colour, others of a deep-purple hue. From the exceedingly close resemblance of the smaller petechiæ to flea-bites, the poorer classes could hardly be made believe that it was an eruption peculiar to the epidemic, but merely the bite of that insect. The petechiæ appeared and disappeared in a great measure along with the fever. On the supervention of the fever the spots were bright and distinct, but towards its decline, and during the intermission, the greater number vanished, and those present were very faint and imperceptible. On the return of fever the eruption again re-appeared, distinct and bright, and gradually declined as the patient appeared to gather strength. This eruption was visible to a greater or less extent, according to the strength, constitution, and situation of the patient in life. For instance, among the poorer classes, these petechiæ were always abundant, even although the individuals were apparently somewhat robust, if their habitations were dark, damp, filthy, and ill-ventilated. On the other hand, amongst the better classes, although their constitutions were not altogether so robust, the eruption was not at all so numerous, nor the fever, in general, so malignant or deadly. These are facts which were much observed, and I am certain that those of the profession who have witnessed much of the epidemic in this quarter will substantiate what is herein stated. These facts can only be attributed to a want of cleanliness on the part of those individuals, both as respects their dwellings and their clothing, likewise from the confined and unwholesome atmosphere arising from bad ventilation, and above all, combined with these, a meagre diet and dissipated habits. In one fatal case which came under my care the petechiæ were very few; but the surface, particularly the arms and legs, assumed a motley aspect, resembling something like rubeola, but of a dark-purplish colour; the nails, likewise, both of the fingers and toes, partook of a similar hue.

In a few cases the headach was extremely severe, and the heat great and pungent; delirium prevailed to some extent, but not alarmingly. The heat of the surface, as I have just mentioned, was in some cases very pungent, but the majority of patients were in a continual state of perspiration. Those in this state had invariably the best recovery, the fever never assuming the same severity as in those whose skin was dry and pungently hot; neither was their pulse so quick and frequent, nor their tongue so dry; indeed, I may safely say that I do not recollect one instance of the tongue being dry and brown when the patient was perspiring freely, either from *natural* or *artificial* causes. I say *natural*, for in by far the majority of cases a spontaneous sweating came on after the rigors, and which generally continued throughout the whole course of the first stage, and not unfrequently the second also. On the sixth, seventh, or eighth day, the tongue began to clean and put on a healthy appearance, the pulse assumed the natural standard, and the surface cooled. The patients continued well for a day or two, when they were seized all over with severe and excruciating muscular pains, so extremely acute as to render them entirely unable to move a joint to assist themselves in bed or put their hand to their mouth. These peculiar and painful symptoms, however, were *unaccompanied with the slightest*

fever or quickness of the pulse. On restraining the perspiration by means of Dover's powder, they quickly subsided.

Second Stage.—In describing the symptoms of the first stage of this fever I may say I have given a detail of the second also, with this difference, that frequently the rigors were not so perceptibly felt, but the muscular pains were as severe, likewise the pain in the back and head, along with the quick pulse and hot skin. Indeed, the second stage is apparently nothing more than a mere repetition of the first, the only difference appearing to be wholly in the intensity of the symptoms. This, in general, is the case, though, however, not always. I have seen several instances in which the relapse was only of three or four days duration, and the fever during that time was of the mildest description.

II.—This brings me to consider the second part of the subject, namely, the digressions from the natural course of the disease, or from those symptoms just now described. The supervention of other complaints during the progress of this malady was exceedingly common. The following are those which were chiefly noticed:—premature labour; hæmorrhage from the nose, lungs, stomach, and bowels; jaundice; anasarca, or œdema of the face, legs, and feet; muscular pains and rheumatism; bilious vomiting and purging; and dysentery.

Respecting pregnant women labouring under this fever, I may state that in every case of pregnancy which came under my observation, premature labour, sooner or later during its progress, was the result. In some cases abortion took place on the second day of the disease, others not until the third and fourth day, and so on till the termination of the fever; but never before the second day, and never, but in one case, after the entire subsidence of the complaint. This patient was much reduced both in flesh and strength, and throughout the whole course of the two stages she had very frequent attacks of severe bilious vomiting; indeed, our only surprise was that she did not miscarry during some of these attacks of exciting cause; not so, however; she continued tolerably free of any symptoms indicating the approach of premature labour, with the exception of a pain and weakness in her back immediately above the "haunches," until after my attendance was over, which was on the third or fourth day of her convalescence. The labour was of short duration, perhaps about six hours from beginning to the end, and she had entered into her eighth month.

Hæmorrhage, at all times and in all diseases, is very alarming, and particularly in diseases where there is present much exhaustion and prostration, as in the disease in question. It fortunately happened that though hæmorrhage occurred repeatedly in the complaint now under consideration, I never observed it proceed to any very serious extent, except in one case. The individual was a young man; his physical powers were not, however, so much exhausted as was the case in the generality of instances, or else, I have no doubt, it would have terminated seriously. His secondary complaint was hæmoptysis, but, by the timely aid of acetate of lead and morphia inwardly, along with a large blister to the sternum, it was immediately mitigated, and in a day or two entirely subdued. The other cases which presented themselves were of epistaxis; this was the most common of all the hæmorrhages in this disease, and it often occurred more than once in the same individual. Hæmatemesis occurred twice, but was of a simple nature; it occurred during fits of bilious vomiting, and I have no doubt but that it was brought on from the effects of the severe retching and straining. The same may be said as respects the hæmorrhage from the bowels. It occurred while under the diarrhœa and dysentery.

Icterus. From the circumstance of a number of patients being tinged with bile, this disease, as I have observed before, was called yellow fever. The number of persons jaundiced during my share of observation was not many. This is contrary to what I have been told was general. One medical gentleman informed me that *all* his patients were jaundiced; this may be truth, but as I can only speak as far as regards myself, I think that, on an average, one in eight or ten was discoloured. The colour of the skin and conjunctiva was of various degrees of intensity, from a bright cream-colour to that of a deep orange or copper-colour. This state of the surface did not, in general, continue for any lengthened period; in some, six or eight days, and in others not above three days, according to the deepness of the tinge. At the commencement of the jaundice, and frequently for a day or two previously, bilious vomiting existed, and the matter evacuated from the bowels was, for the most part, loaded with bile; in slight cases, and when the opposite state existed, the excrementitious matter was entirely void of it, presenting all the appearance of pipe-clay. In one case the patient had a considerable degree of oppression and sense of fulness, accompanied with pain on pressure across the upper part of the abdomen, from the right to the left hypochondriac region.

Anasarca. This dropsical affection usually appeared in weak delicate subjects, and chiefly after they got up and were walking about; it appeared, however, first in the face, then the feet and ankles began to assume an œdematous appearance, but it never proceeded further than the knees. As the patient gained strength the fluid gradually became absorbed, particularly when aided with diuretics.

Muscular pains and rheumatism were exceedingly common affections. They were chiefly confined to the extremities, and the muscles of those parts, when even the mildest pressure was applied, were excruciatingly painful. I have seen those affected lying in bed perfectly motionless, able to move neither hand or foot without experiencing extreme torture. These symptoms usually set in towards the close of the disease. One day the patient would be found cheerful and in high spirits, from having got the "turn of the fever;" the following day he would be completely helpless, *undisturbed however, with fever, or any other untoward symptom.*

Bilious vomiting and purging were exceedingly troublesome and exhausting. Eighteen or twenty-four hours affliction under this malady produced, in not a few instances, rather an alarming degree of depression; the extremities got cold, and the eyes sank, with an anxious and distressed expression of countenance. The matter vomited was green, sometimes yellow, and occasionally black, of a sour or bitter taste. The ejections from the bowels were sometimes natural in colour, but more frequently dark and offensive, with griping pains through the bowels, and abdominal pain on pressure. These attacks came on at no stated period of the disease. Some patients were seized immediately on the commencement, along with the rigors and headach; others kept free of it for several days; whilst not a few escaped altogether during its first stage.

Dysentery, in a mild form, often supervened in the complaint just now considered, the patient passing nothing but mucus and blood, with a high degree of pain and tenesmus. By a proper and timely application of suitable remedies all these symptoms were shortly combated, and the patients speedily restored to health.

III. *Treatment.*—Regarding the treatment little, indeed, can be said; suffice it to say, that it was conducted on the principle of subduing the inflammatory affection of the stomach and duodenum, or what is generally termed the "gastro-enteritis." It is generally admitted, now, that an inflammatory state of the mucous membrane of the stomach and the beginning of the small intestines, is the primary seat of typhus fever, and assuming that the fever in question is nothing more than a *species* of that fever, if not exactly the disease itself, with the exception of an intermission of six or eight days, the treatment was principally directed to those organs, keeping always in remembrance, and watching carefully, the collateral organs, which had a tendency to become implicated during the progress of the complaint. The treatment administered in the contingent diseases was, of course, that which would have been adopted had they arisen independently of any other disorder; consequently it is altogether unnecessary to dwell at any length on the remedies employed.

In taking a general survey of this disease we find, during its progress, various parts of the system implicated at one and the same time, presenting many important points of interest. In the first place we had innumerable instances of the biliary organs being deranged; in fact, this was so common that some practitioners denominated the complaint "biliary fever." In the second place, the vascular system was greatly implicated, as was fully illustrated by the numerous petechiæ, some of them approaching to purpura; the great hæmorrhagic tendency from the nose, lungs, stomach, and bowels; and, likewise, the very general predisposition to abortion, commencing, almost in every case, with hæmorrhage. In the third place, the nervous system was much deranged, in illustration of which may be instanced the severe muscular pains all over the body, more particularly the peculiar delirium which prevailed in the majority of the patients. This affection of the brain was entirely different from the raving or low muttering delirium, which generally occurs in common typhus. During the prevalence of this symptom the heat of the head was not greater than usual, neither were the eyes suffused, nor was there any symptom indicating the determination of a greater quantity of blood to that region. While under this temporary fit of derangement the patient would argue his point as well as a person of sound mind, and on speaking to him he would be considered to be perfectly *compos mentis*, were it not for the *subject* of conversation being ridiculous, and relating to circumstances which it is impossible could have happened. It had a strong resemblance to delirium tremens. Whilst it lasted the watchfulness was constant, and no sleep could be procured. Whenever the patient closed his eyes, whether through pure exhaustion from the want of sleep, or if merely an attempt were made to fall into sleep, the effect was just the same; the same imaginary objects appeared before them, in various hideous forms, at the foot of the bed or on the bed-curtains, looking at and annoying the patient. In fact, some became so much excited that it was with difficulty they could be prevented from escaping at the window, to be out of the supposed presence of the images. Occasionally the mind assumed a calm state, during which they would chat freely, repeating what they had seen on the previous night, and laugh at the folly for being overcome with such absurd fancies. To subdue this nervous excitement, and where sleep was much required, a powerful anodyne was had recourse to. A common dose had a beneficial effect, for when the quantity was insufficient to procure rest the medicine had

the effect of acting in a reverse manner. Instead of lulling the patient it increased the excitement twofold.

The following table exhibits a certain number of cases of this disease, the different contingent disorders arising therefrom, their number, likewise the recoveries and deaths. It will be seen, also, from this table that the amount of contingent diseases out-numbers the total number of cases treated, the former being 202, and the latter only 114. This discrepancy arises from the circumstance that those who laboured under the muscular pains have been put under the head of *contingent* diseases, from the infrequency of their appearance on the termination of a fever. It will, therefore, be observed that of those cases there were 86 out of 114 seized, and mostly all the other contingent disorders appeared in the patients labouring under those muscular pains.

Total amount of cases of fever treated				114
Contingent Diseases.	**Numb.**	**Cured.**	**Deaths.**	**Total.**
Premature Labour	6	6	0	6
Hæmorrhage from the Nostrils 8, Lungs 1, Stomach 3, Bowels 9	21	21	0	21
Jaundice	14	14	0	14
Anasarca, or Œdema of Feet	8	8	0	8
Muscular Pains and Rheumatism	86	84	2	86
Bilious Vomiting and Purging	46	44	2	46
Dysentery	21	21	0	21
	202	198	4	202	114

In the above table it will be observed that out of one hundred and fourteen cases four deaths took place; two of the deaths under the head *muscular pains and rheumatism*, the other two under the head *bilious vomiting and purging*. Though the deaths are under the above contingent maladies, it is not to be understood that the patients died from those diseases. They only laboured under those contingent diseases previously to death, but their fatality was not attributed to them. Of the two placed under muscular pains and rheumatism, the one was a young man who died from head symptoms, the other being a woman, upwards of ninety years of age, who died from old age and exhaustion. Respecting the two under bilious vomiting and purging, the one died from head symptoms, and the other a dissipated character, advanced in years, died more from a "breaking up of the constitution" than from any particular complaint.

Sussex-place, Adelphi-street, Glasgow,
December 2, 1843.

WHO INVENTED BLUE GLASS.

Dear Mr. Editor,—In a rather long and learned communication in last week's "Medical Gazette," Dr. Griffiths "heralds forth" as a discovery that a *blue* medium for the transmission of light in microscopic investigation prevents the uncomfortable and in every way objectionable effects of artificial light. Now, it appears to me (being a very quiet and secluded body) that Dr. Griffitha, like many other illustrious inventors, has not given himself time (perhaps from thinking that some other lucky wight might make the discovery first) to meditate upon the manifold applications thereof. But, peradventure, Mr. Editor, in your perambulations about the town for the past ten years, you may have seen certain middle-aged gentlemen, and a few of what "Punch" honourably calls "gents," wearing *blue spectacles*. I pray you, therefore, to say whether the "gent" who first suggested them may not reasonably dispute the claim of Dr. Griffiths to priority in this discovery. He certainly has its more extended application. I have the honour to be, Sir, your very humble servant,

METHUSELAH.

November 27, 1843.

MILK INJECTED INTO THE VEINS.—M. DONNÉ, in the course of the past summer, stated to the French Academy of Sciences that having been struck with the analogy between the constitution of milk and that of blood, he had repeated the experiment of injecting the former fluid into the veins of various animals; and his experience, contrary to that of many former observers, went to prove that those animals (except, from some unascertained cause, the horse) not only supported the effect without injury, but the globules of milk served the purpose of those of chyle, and became eventually transformed into blood-globules.—*Gazette des Hôpitaux.*

THE LANCET.

London, Saturday, December 9, 1843.

THE benefits conferred upon medicine by COMPARATIVE ANATOMY and PHYSIOLOGY either are candidly or heartily acknowledged, or are denied only by persons who are so perfectly ignorant of the relation of the sciences to each other that their opinion is worthy of no consideration. It appears, then, to be somewhat extraordinary that the study of COMPARATIVE PATHOLOGY should be scarcely recognised, even by name. It requires but very little reflection to become convinced that the observation of disease in different divisions and species of the animal kingdom, and perhaps even of the vegetable, would infallibly yield some new facts, and disclose grounds for some new views, to those who are already conversant with human medicine. As "professions," human and veterinary medicine must—for reasons which society has taken the liberty to supply—be kept distinct; but we feel perfectly assured that an intercourse which permits of a free interchange of scientific materials between them, tends greatly to advance medical science. The phenomena, and, above all, the sympathies, of disease, are different in every species of animal, yet these peculiarities are all, necessarily, *modifications*, only, of disordered vital action; and our comprehension of the general laws of disease would, in all probability, be much extended by this enlarged contemplation of their effects.* Last week we pointed out the importance of attending to the morbid sympathies that exist between the brain and the abdominal organs in human subjects. Veterinary practice affords many analogous instances of the sympathy of distant parts. Suppose that a practitioner of human medicine who was not conversant with the diseases of horses, were to take upon him to prescribe for his own horse, when that animal was labouring under inflammation of the lungs. He would bleed him largely, in which he might act very rightly; but he would almost as certainly exhibit a smart purgative, the result of which would be an immediate metastasis of the inflammation from the lungs to the bowels, and perhaps the demise of his four-legged patient. The fact that a stone-blind horse has his coat smooth in winter, when other horses are rough, is familiar to every ostler, but is, we imagine, not known to most doctors; nevertheless, it is one of the most curious and inexplicable facts in pathology.

The vast practical importance of some points in comparative pathology has long since forced them on the attentive consideration of practitioners in human medicine. The fearful character, and invariable fatality, of *hydrophobia*, have made it a subject of universal, although, as yet, unsuccessful inquiry. The prophylactic powers of the *vaccine virus* at last introduced that singular agent to the notice of the medical profession, after its virtues had been for ages familiar to milk-maids and farriers, and there now seems every reason to believe that observations made on the cow will not only establish the identity of the vaccine and variolous poisons, but will throw open an entirely new field of inquiry,—one most interesting both to the physiologist and the medical practitioner,—namely, the modifications which morbific poisons undergo in passing through the system of different animals. From the fact that such an inquiry derives its birth at a moment when animal chemistry is acquiring with medicine the most intimate relations,—relations which will, ere long, we trust, confer a new honour upon this Journal as a labour e

* We cannot advert to this subject without acknowledging our sense of the value of the periodical work of Messrs. Youatt, Percival, and coadjutors, called The Veterinarian, as a record of facts and opinions in the science to which it is devoted. The numbers, published monthly, invariably contain papers which may be read both with interest and advantage by medical men. It has the advantage of being conducted by editors of consummate skill and experience in the anatomy and remedial treatment of the chief quadrupeds, and many birds.

in the field of medical science,—we may hope by-and-by for results that will give a vast impulse to medical theory, and afford indications of the greatest value in the treatment of disease. The now perfectly-established fact of the communicability of glanders from the horse to the human subject, affords another striking instance of the necessity of attending to COMPARATIVE PATHOLOGY, and suggests, also, the probability of a similar origin of many obscure morbific poisons, hitherto supposed to originate in the human system.

There is a point of inquiry which, although of subordinate importance, ought not to be lost sight of, namely, the connection, both in the animal and the vegetable kingdoms, between disease and the presence of parasitic animals. These parasites vary in almost every species, and, in the case of animals, the parasite of one species cannot, generally speaking, subsist on the body of another species; but some parasitic insects are such only at one period of their development—as in the case of the bott-worm that torments the horse. These facts in veterinary medicine ought to be kept in view with reference to the "insect origin of disease"—a subject which, although at present extremely vague, should not to be discarded from the speculations of pathologists.

With reference to any disease of which the pathology is obscure, and the treatment unsatisfactory, how much knowledge might be acquired by practically investigating the question, "What animals besides man are subject to this disease?" Such a question, answered in the instance of a reasonable number of animals, whose diet, circumstances, and habits, were different, would probably not prove unfruitful either to the pathologist or the practitioner. We may observe, also, that among domestic animals the *statistics* of disease are much more easily established than in the case of man, because, in the former instance, we have the diet and circumstances of our patients much more under control. Moreover, with reference to the operation of *epidemic* and *endemic* causes of disease, our opportunities of observation would be infinitely extended by taking comparative pathology into the account. The power that we should thus possess of varying, at will, the locality and physical circumstances of the animals affected, would give us advantages for investigating the nature of such causes, which are precluded by the stationary abode and prescribed circumstances of human communities. Lastly, the facilities of studying the hereditary tendencies to disease are much greater in domestic animals than in man, because, in the instance of the former, we have the power of crossing breeds, according to our option, and of placing successive generations under the various physical circumstances which the nature of our inquiry may suggest, neither of which conditions can ever be obtained with respect to man.

It is fabled by ancient writers that the Egyptians derived their first notions of medicine from seeing the hippopotamus phlebotomise himself with the sharp points of Nilotic reeds, and the ibis administering to herself enemata with her bill. Let this have been as it may, certain are we that medicine, as applied to the *human* subject, in the present day, must derive most extensive aid from the study of disease as it occurs among the inferior classes of the creation.

In a note at the first portion of the foregoing brief remarks, we referred to the journal of the "British Veterinarian," published by Messrs. LONGMAN and Co., and subsequently made reference to a subject that has, until of late, belonged almost exclusively to the fellow domain of the remedial art. We mean HYDROPHOBIA. The opportunity is thus rendered appropriate for attaching, in this place, an extract or two from the journal in question, on that subject, showing to the members of our profession what is considered amongst the veterinarians to be the present condition of the most important question relating to that terrific disease, namely, that of *prevention*, with a new suggestion for its treatment at the earliest stage. We therefore make the quotations, which cannot, con-

sidering from what quarters they come, be otherwise than acceptable to practitioners who are constantly liable, in their own sphere, to be summoned to persons in whose face death shakes his fist whenever the raving dog chances to cross their path. We do not hesitate to quote the honourable mention of Mr. YOUATT that prefaces the remarks of Mr. TURNER. It records only a *just* compliment to the former gentleman in this place, and serves to show the faith that is placed in the opinions of so highly experienced a man, on this urgent topic, in his own profession :—

Sir,—From your having devoted a long life to the pathology of the inferior animals, the canine species especially, and having succeeded (in my opinion at least) beyond any other man living in Europe in enlightening the world as to the true nature of the terrific disease termed rabies, or hydrophobia, I am induced to address a few remarks to you on that subject. You may remember that several years ago, in a professional conversation between ourselves, I suggested the propriety of operating, by tracheotomy, upon a rabid dog, at the first indication of the disease, but you only observed in reply, "It is certainly worthy of a trial." I am not aware, however, that either you or others have ever had recourse to the operation with this view, therefore I feel impelled to renew the subject.

Although this monster of disease yet rages uncontrolled by any man in the world, when once developed, still the doctrine which you have promulgated has crushed the serpent, while in its *germ*, in almost innumerable instances, among the lower animals, and, happily, in many a human being. I allude to your prompt dictum as to the extirpation, unreservedly, of every atom of the bitten part, and beyond it, and your having firmly added the salutary warning, that there exists no other hope as a preventive. This alone is a great triumph. By its *modus operandi* it also affords some clue as to the nature of the virus; for, unlike many vegetable and some animal poisons, considerable time must elapse before the entire system becomes charged with the virus, imbibed at the spot of inoculation, and therefore its consummation may be averted in almost every instance. But when this animal poison, as in every other known contagious disease, is allowed to locate itself, undisturbed, for a certain time within any sensitive tissue, it possesses an irritating power which, by some law of nature, excites a like action of the parts in immediate contact; which, in their turn, become an inexhaustible source of a disease *sui generis;* and then, when the scourge has invaded the tissues of the brain, and the entire nervous centres, no medical man in his senses dreams of an antidote or specific against the disease itself, but assiduously combats the symptoms by palliative remedies, abating pain and diminishing excitement, until death relieves the sufferer by exhaustion. Yet, perhaps, one reasonable chance remains of enabling the constitution to wrestle with, and, in the end, to wear out the malady,—I mean *tracheotomy*, for I have faith that there exists in many individuals of every species a repulsive power to rid the system, to a certain extent, of contagious disease, not excepting some of the class deemed incurable. Spontaneous cures, even of contagious diseases, are not so rare as man imagines.

Spasm of the glottis is among the first alarming indications of rabies; it is never absent throughout the progress of the disorder, excepting at short intervals. It invariably exists with redoubled fury at the close of the scene. All modern writers appear to agree that the post-mortem appearances, on minute dissection, fail to exhibit morbid lesions that are commensurate with the outrageous symptoms exhibited during life. But I have myself invariably found, on dissection, intense inflammation of the larynx and pharynx, and the adjacent parts, and have almost invariably read the same report from others. Convulsive movements of the entire muscular system prevail, at intervals, throughout the disorder; but, as all maladies have their favourite localities, so this appears to be concentrated about the nerves and muscles of the throat, most likely from an especial impression of a particular part of the sensorium.

I have long entertained the idea, though I have never put it in practice, that an aperture in the windpipe, made sufficiently below the larynx, shortly before the expected outbreak of the disease, might, by affording the animal more of the breath of life during the paroxysm, in point of quantity, as well as a little extension in point of time, by the prolongation of life, enable the system to rally, re-act, and accumulate that conservative force, viz., the *vis medicatrix naturæ*, and thereby ultimately wear out and expel the invader. The case is desperate, but until I hear your reply I cannot divest myself of the belief, that every hydrophobic patient has had his life extinguished—before this vital principle has been thoroughly dissipated—simply by the mechanical closure of the glottis, from spasm of those numerous muscles which are inserted into and encompass the larynx—speaking briefly, *abruptly suffocated*, when not otherwise exhausted. Strangulation being induced, it is accompanied with startling eyeballs, and violent muscular contortions; in fact, a set of symptoms are present such as would be exhibited by a

hearty dog upon finding his throat suddenly fettered by the extreme twisting of a cord tightly around it.

When I have witnessed, particularly in rabid horses, the immense and long-continued cutaneous evaporation, sweating stages defying adequate description, it has thrust on my mind the conviction of a salutary effort of nature—a spectacle exhibiting the last defensive throes of life at approaching death. I have sometimes witnessed protracted cases in rabid horses, with apparently an abatement of all the symptoms so late as the sixth day, and erroneously supposed that time was winning, when death has suddenly closed the scene. We should not be discouraged by the failure of the operation in the first, second, or third instance; for, making the best of it, it may be of avail only in instances where there is extra tenacity of life, such as an individual possessing more than ordinary powers in resisting disease; but hitherto hydrophobia has been no respecter of persons. When its venom has once reached the sensorium, the young, the old, the robust, the delicate, ALL have succumbed to it. I am, Sir, yours, &c.

JAMES TURNER.

Regent-street.

Many thanks to Mr. Turner for his kind and valuable letter. I claim not a tithe part of the merit which he would attribute to me; but, labouring with him and many others, we have, I trust, effected a thorough revolution in the treatment of *rabies canina*. We grapple with it in its earlier stage by the occasional but rare use of the knife, and the constant, but not cruel, application, of the lunar caustic. We laugh to scorn, in the present day, the various medicaments with which the patient used to be loaded; and we have also discarded—I wish that I could say thoroughly—the deliquescent caustics, with which he used to be tortured, but which did not, and could not, always extirpate the poison. Mr. Turner is anxious to proceed farther, and so am I. I will relate two modes of proceeding which I have lately adopted.

When a dog has been bitten under circumstances of suspicion, I have had every part of him shorn, and the consequence has been that I have discovered one or more minute wounds, which, in process of time, might have been the possible or probable source of disease. In two instances horses were bitten by, or exposed to the bite of, a rabid dog. I had both of them clipped, and found minute wounds on each of them, which would certainly have escaped notice, and might have been the cause of death.

Mr. Turner supposes that "spasm of the glottis is found among the first alarming indications of rabies; that it is never absent, excepting at short intervals; and that it invariably exists, with redoubled fury, at the close of the awful scene." I confess that, in my practice, far more limited then that of Mr. Turner, I have seen, comparatively, little of this spasm of the glottis. I have seen the horse that was, in the morning, perfectly well, brought home, at noon, trembling, heaving, staggering, working himself into the highest state of excitation, uttering the most dreadful cries, and ready to accomplish every kind of mischief,—his countenance wild, and his lips quivering. A few hours have passed over—perhaps not an hour—and he is, comparatively, quiet: he seeks for notice and for relief. Then, indeed, there is, occasionally, something like spasm of the glottis—a violent disturbance of the respiratory organs; a horrible species of delirium comes over the poor fellow; he is perfectly without control; he injures himself, and destroys everything around him, until he falls exhausted, or dead. I acknowledge that it would be a glorious thing to afford the tortured animal even a temporary respite, but how is this to be accomplished? Will it be easy or practicable, or consistent with our own safety and that of others, to cast this poor beast, and to keep him down while we perform on him the operation of tracheotomy? I much fear the practicability of this, but if our friend ever does attempt the experiment, "may we be there to see!"

W. YOUATT.

THE POVERTY, DISTRESS, and DISEASE of LONDON, are not unique at this time. The district surgeons of Glasgow have just appended to their Annual Medical Report to the Directors of the Town's Hospital of that city, a note, from which we abstract the following facts:—

Disease in Glasgow has been fearfully on the increase for the last twelve months. In 1841-2, 5296 cases received medical relief in the Town's Hospital: in 1843, 19,085 cases. Increase in 1843, 13,789 cases; of which 12,967 were cases of a peculiarly distressing epidemic fever, and 736 were cases of typhus fever. Of the 12,967 cases, 12,397 were treated at home, and 570 sent to the Royal Infirmary. Of those treated at home 304 died, being in the ratio of 2½ per 100 cases.

The mortality of typhus in 1843 has nearly doubled that of 1842. The cases of disease, generally, in 1843, was greater than that for the whole of the four preceding years. For their treatment, 114,510 visits were given by the district surgeons to the city poor during the last twelve months.

Independently of the alarming fever now prevalent, there has been an increase of dis-

ease, generally, for the last twelve months, to the enormous number of 817 cases. After contemplating this frightful picture it is gratifying to find that something is doing to check such ravages, and alleviate the privations of the population. Three months ago the district surgeons recommended to the directors of the Town's Hospital to afford to the most necessitous of their pauper patients wholesome food, in addition to the ordinary means of relief, whereupon the directors placed at their disposal a supply of penny tickets for distribution, considering that their medical officers were the best qualified to discharge this duty in an efficient manner. ("Penny tickets!" What a world of horrible facts does the very name disclose? A family, with disease, wanting *a penny*. A thousand such families!) This promiscuous charity on the part of the surgeons has amounted weekly to upwards of 20*l.*, and has been the means of imparting relief to thousands of persons whom want and disease had reduced to the very extremities of wretchedness. If the directors had not done this, it is believed that of the cases of fever 5000 must have been sent to a fever hospital by the district surgeons, to keep them *from starvation;* which, at 15*s.* per case (the sum charged for fever cases by the Royal Infirmary), would have amounted to 3074*l.*, instead of 284*l.*, the sum distributed by the medical officers for the last three months.

The labour is immense that has been performed this year by the seventeen district surgeons, the danger of which, moreover, can only be estimated by a personal inspection of the wretched hovels which abound in Glasgow, very few of which exceed nine feet square, and are numerous at six and seven. Whole families were found in them by the surgeons (all affected with fever), consisting sometimes of nine individuals, *stretched upon the floor*, without either *bedding*, *fire*, or a morsel of *food* but that which was daily distributed to them by the visiting surgeons. "The state of the diseased poor has been vastly ameliorated," however, by the penny-tickets. We accredit the fact on the statement of the medical gentlemen themselves, whose kindness and attention to them at this trying time has been exercised without bounds.

At page 330 of this week's LANCET will be found some particulars of the history, character, and peculiarities of this epidemic, and a general account of the treatment adopted, at least in one series of cases.

FROM amongst the various reports which are in circulation around St. George's Hospital we collect the following particulars, under assurances that they are correct:—

Mr. BABINGTON, a gentleman hitherto unknown to science in the profession, recently determined to resign his appointment in the hospital. He therefore assembled his colleagues (excepting Dr. WILSON, who had the reputation of being an "independent" man) and announced to them his intention. At the meeting—before the vacancy could be elsewhere known, or the meeting itself could tell what surgeons would become candidates for the office—a Mr. CHARLES HAWKINS was named as one who all the party should support, the minority agreeing to be bound in the selection by the majority. Drs. SEYMOUR, MACLEOD, NAIRNE, and PAGE, and Messrs. KEATE, HAWKINS, CUTLER, TATUM, and H. J. JOHNSON, thus came forward to influence the Governors in their appointment with all the force that could attach to the nomination of a supposed "united medical staff." This course is greatly condemned by almost every other person who takes an interest in the election. The announcement of the nine medical gentlemen is, that "after much "consideration they have determined that, "under *present circumstances*, it would be "most conducive to the *interests of the* "*hospital* if Mr. HAWKINS should be elected "to fill the very responsible office of "assistant-surgeon." We are informed, however, that the nine officers were not originally unanimous in their opinions on the subject, but that a minority had, according to a pre-agreement, made a sacrifice to the majority.

Subsequently to the printing of this determination, addresses appeared in the newspapers, one from Mr. HENRY CHARLES JOHNSON, another candidate, and one from Mr. LANE, who, in consequence of the

proceedings of the medical officers (minus Dr. Wilson and three others) six days previously to the vacancy, refused to come forward, being (he publicly intimated) disgusted with the whole concern. It is said that when the party of nine first met they believed that Mr. Lane would be a candidate for the office, but as Mr. Lane declined to combat them, they were enabled subsequently to plead that they were unanimous that Mr. Hawkins was the "most eligible"—of two. This decision, however, was taken before they knew whether there would be two or six candidates in the field, deciding in favour of Mr. Hawkins, whoever might come forward. Mr. H. C. Johnson states, in his reply to this circular respecting the *unanimity* of the party, that their proceeding is *unprecedented*. He labours under a mistake. In 1834 the same course was adopted in opposition to Mr. Lane, with the addition that a round robin, which was then issued against him by the party, was dated from *the hospital*, and put forth on the eve of the election, too late to be answered with effect. The new document bears date from no place.

As regards the *qualifications* of the two candidates, it is said that Mr. Hawkins is Mr. Johnson's junior, both in age and in standing in the profession and at the hospital. He has not been a teacher, and his education is alleged to have been the inferior of the two. Mr. Hawkins, however, might enable the Governors to test this allegation very completely. Mr. Johnson has been a teacher of anatomy for several years, with satisfaction to his colleagues and pupils. Anatomy is the basis of surgery.

The subject excites very great interest at the hospital, where the pupils arrange themselves on the side of Mr. Johnson. Those gentlemen regard the question as one that bears particularly on their interests as students. What is meant by "the interests of *the hospital*"—a very queer phrase to be applicable to bricks and mortar and deal-boards—they do *not* understand. The business of the pupils is, however, now, to take care that the Governors comprehend the real character of both interests, and, if we may judge by the anxiety evinced by our own correspondents to be heard in public on the occasion (we insert about a tithe of the notes that we have received on the subject), there will not be wanting vigour and intelligence enough among the communicants with the Governors, to make the whole question clear to any capacity.

ON THE

NERVES OF THE GRAVID UTERUS.

By R. D. Grainger, Esq., Lecturer on Anatomy at St. Thomas's Hospital.

I have derived great pleasure from examining the dissections of the uterine, vaginal, and vesical nerves made by Dr. Lee. The trunk and branches of the sympathetic nerve being left, as well as the trunks of some of the sacral nerves, a satisfactory clue is afforded in the examination. The injections of the blood-vessels renders a further and valuable aid in testing what are and what are not nervous fibrils.

After carefully inspecting and examining these beautiful dissections, I have no hesitation in expressing my conviction that they bear out, fully and entirely, the delineations and descriptions published by Dr. Lee.

1. The preparations show an unequivocal continuity of fibres proceeding from undisputed nervous structures, the sympathetic and sacral nerves, to the newly-discovered ganglia of the uterus, vagina, and ureter.

2. The nervous branches of the newly-discovered ganglia join, in various directions, with acknowledged nerves, such as those of the inferior mesenteric plexus, furnishing the hæmorrhoidal nerves, and, with the spermatic nerves, descending, on the uterus, from the folds of the broad ligaments.

3. The occurrence of small ganglia and gangliform enlargements on the newly-discovered nerves, are very characteristic, and corroborative of their real nature.

4. The nerves are accompanied by injected blood-vessels in a manner that is not seen in elastic tissue, although usual with the ganglionic nerves.

5. The ganglia discovered by Dr. Lee present, in their form and disposition, and in the openings which they possess, a perfect and entire correspondence with the larger ganglia of the sympathetic.

After the examination which I have made it certainly appears to be impossible for any one to arrive at a just conclusion respecting the true character of Dr. Lee's description without a careful inspection of his prepara-

tions. It is proper to add that I have not yet had an opportunity of making a microscopical examination.

November 13, 1843.

ST. GEORGE'S HOSPITAL.

To the Editor.—Sir: I have just read Mr. Lane's admirable letter in the *Times* relative the election of a surgeon to St. George's Hospital. I am perfectly unacquainted with Mr. Lane, and unconnected with St. George's Hospital, but as a humble member of our liberal profession (liberal by the by to the public, but most illiberal to its own members) I should feel infinite pleasure in subscribing my mite towards presenting Mr. Lane with a suitable testimony of his spirited conduct on this occasion. It is too true that such men are very scarce. Men who are honestly ambitious to rise in the medical profession dare not stand on their own merit alone, aloof from the jobbing system, untainted by its influence, when the first men in the profession not only condescend to practise it, but consider it *an honour to be at* THE HEAD *of such a system.* The members of the jobbing committee at the Middlesex Hospital I think are at last opening the eyes of the governors to the injurious effects of this vile system, and I trust that the governors of St. George's are equally ready to detect and stop practices which are sapping the very foundation of all that is useful in their excellent charity; but I fear that nothing less than universally establishing the concours can remedy this evil, which not only obliges working and deserving men to go unrewarded for their labours, but paralyses the energies of men who would prosecute medicine for the sake of humanity and the advancement of medical science. Praying that the day may not be far distant when the examination plan will be the only means by which men can obtain such responsible appointments, I beg to subscribe myself your obedient servant,

CONCOURS.

December 6, 1843.

To the Editor.—Sir: As THE LANCET has ever been willing to expose acts of injustice in the profession, I beg to transmit to you a statement of the late proceedings at St. George's Hospital, convinced that they merit, from all dispassionate readers, feelings of unmixed disapprobation. A vacancy has occurred in the office of assistant-surgeon, and it was expected by all parties that a fair competition to fill the vacancy would ensue. But, some days before even the resignation was declared, certain physicians and surgeons, calling themselves "a medical staff," held a meeting, at which it was finally settled that Mr. Charles Hawkins should receive their undivided support. Now, no one could object to the regular medical staff giving their interest to one whom they considered the most eligible; but the meeting which thus predetermined the election of Mr. Hawkins was not the medical staff, as it is usually constituted. On all former occasions of a similar kind it has been formed by the physicians, surgeons, and visiting apothecaries of the hospital, but on this, one of the physicians, viz., Dr. Wilson, and the four visiting apothecaries, were not invited to the conference, because those gentlemen were known to be strongly opposed to that candidate. Another injustice was that the meeting was held before the resignation was made known, and, consequently, before any other candidate could offer himself. There were three candidates in the field, viz., Mr. Hawkins, Mr. Johnson, and Mr. Lane. The last has recently resigned. Of their respective claims there can be no question. Mr. Lane has already been rejected at one election, simply because he belonged to another school, though he had the strongest claims to the support of the governors, both from seniority and merit. Mr. Johnson, the next in order of seniority, has peculiar claims to that office, he having been for nine years a teacher of anatomy at the school, and having previously filled the offices of house-surgeon and curator of the hospital museum. He has, moreover, endeared himself to his pupils, and to so great a degree that nearly all of them are now exerting themselves in his support, and a memorial, signed by nearly one hundred of those gentlemen, has just been presented to him. Mr. Hawkins enjoys the privilege of being, at present, an assistant to Sir Benjamin Brodie; but, with the exception of having been house-surgeon to the hospital, he is otherwise quite unknown to the pupils and governors. A very unjust and tyrannical influence has been exerted by some of the medical officers, especially by Mr. Cutler, upon some of the senior pupils who had promised to assist Mr. Johnson, but were aspiring to certain offices in the hospital. I ask you, Sir, is this just? What encouragement does it hold out for cultivated talent and persevering and arduous exertions? Should the fact of a candidate being assistant to a great surgeon set aside superior claim and merit, and justify the course some of the medical officers are adopting? I am happy to state that Dr. Wilson and three of the visiting apothecaries are on the other side, and using their influence for Mr. Johnson. Having stated the facts, I leave them, Sir, in the hands of yourself, and to the impartial consideration of your readers. I am, Sir, your obedient servant,

AN OLD PUPIL OF ST. GEORGE'S.

Dec. 4, 1843.

MIDDLESEX HOSPITAL ELECTION.

To the Editor.—Pray, Sir, read the inclosed, and say how I should vote, for I am puzzled.* I thought it was usual for the medical men of a hospital to support their own pupil, if unobjectionable in character and knowledge; but hearing that at the Middlesex Hospital they had gone elsewhere for a candidate, I supposed there must be a "screw loose" in one or other. But inquiry proves this idea to be erroneous, and now I find the fact zealously announced, under the signatures of many of the staff themselves. One (Dr. F. Hawkins) says that he has "no doubt" that Dr. Woodfall would prove a "valuable acquisition" to "any public medical institution." Another (Dr. Thomas Watson) recommends him as "uncommonly well qualified" for one medical appointment, and, again, as "thoroughly qualified" for such an institution as the New Model Prison (Heaven grant that it may never be *old!*). Another (Dr. John Wilson) calls his pupil as a "very attentive observer" (for nine years, observe), and "fully competent;" and, finally, Mr. Herbert Mayo declares his "professional attainments" to be of "the highest order," and that "his estimable character" entitles him to the "full confidence of the public and the profession," and yet, Sir, these very gentlemen go to another hospital for a physician to their own! But I, as a governor, want to know *why*. If Dr. Woodfall be entitled to *full confidence*, fit for *any* medical institution, *uncommonly well fitted* and *thoroughly qualified*, for practising his profession, all of which these testimonials aver, what can be the reason that his own teachers, his own attestators, his own friends, should thus disown him, and in defiance of the understanding which has long existed in the London hospitals? There are, it seems, two candidates in the field. I am not a partisan of either; perhaps each "efficient;" but I hate all medical jobs, especially when calculated to wound the feelings of an amiable man,—possibly, to influence his prospects. To this the governors of hospitals should promptly look, no one being better able to direct them in the inquiry than yourself. I am, Sir, your obedient servant,

A VOTER.

December 5, 1843.

INSECTS, like plants, have their *stomata* and the air-passages leading into their interior formed of spiral fibre.—*Dr. Power.*

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* Our correspondent inclosed a printed copy of the "Testimonials of the Medical Officers of the Middlesex Hospital in favour of Dr. Woodfall," dated 1840-42. He wants to know how he should vote, but the answer seems to be already supplied in these documents.—ED. L.

THE RECOMMENDATION

OF THE COUNCIL OF THE COLLEGE OF SURGEONS THAT THE MEDICAL SCHOOL-BOYS IN TOWN AND COUNTRY SHOULD HAVE

NO HOLIDAYS AT CHRISTMAS.

To the Editor of THE LANCET.

SIR,—Previously to the opening of the medical schools for the present session, the council of the Royal College of Surgeons, as is pretty generally known, issued a letter to the different professors of medicine in London and the country, strongly recommending them to discontinue the usual vacation at Christmas. It has been with some surprise that I have observed this subject to be hitherto unnoticed by any of your correspondents, and hearing that some two or three schools intend to follow the advice therein contained, although the professors have failed to give public notice of such intention, I beg leave to address you, and shall commence with designating the said recommendation as, first of all, a very great insult to medical students, and, secondly, one manifesting gross ignorance, not only of their nature (if we may use the expression), but of human nature generally.

First, it is a very great insult to them, for by it the *whole body* of medical students in this country is considered to be unable to use relaxation with propriety, and unable to spend a week or two with their friends without becoming remiss in their studies; the reason everywhere assigned for this interference of the charter-mongers being, that after the Christmas vacation the classes are not so well attended as before, and a diminution in numbers is apparent. Allow me to ask those gentlemen, is a diminution in numbers never apparent *before* the Christmas vacation? How much is due to the influence of that season, and how much to the fact that the period has arrived in the session when the novelty of lectures is fast diminishing, and the idle are being rapidly sifted from the diligent? Allowing, however, that it has an influence upon some, is that a reason why the whole body should be treated like a parcel of school-boys, behaved to as if they were mere children in arms, instead of gentlemen who have mostly arrived at an age when, even by law, they are considered capable of reasoning, judging, and deciding, upon their own actions?

But the recommendation manifests gross ignorance of the nature of medical students. For whom is it intended? For the idle? For those who are deaf to the urgent entreaties of parents or of friends, who stifle the remonstrances of conscience, and persevere in ruinous ways (madmen as they are), unmindful of warning or advice? Is it for them that such recommendation is intended? The supposition is too ridiculous. Then we

are led to the conclusion that it is intended for the industrious, and that, too, probably, on the principle that prevention is better than cure. But, again, we might ask those gentlemen whether they are aware that the previous habits and mode of life of the junior medical students (and of course it could never for a moment be expected that the recommendation would in any way influence the old) has, generally speaking, been directly opposed to close and constant application to study. For the last three or four years, many, if not most, of them, have been engaged in the active duties of apprentices or assistants, and to such (allowing they are studious), if the general view of human nature is correct, a week or ten days relaxation would not only be very beneficial, but highly necessary, and, instead of having an improper influence, would impart to them fresh zest for, and alacrity in, their studies.

I affirm, then, that the council of the Royal College of Surgeons has been ignorantly or officiously interfering in a matter which concerns them not, and, in conclusion, I would recommend them, if they wish to know the hold and influence that they have upon medical students, to look into the lecture-rooms of those professors who, during the Christmas week, may comply with their potent recommendation, and I trust the survey will do them good. I am, Sir, your obedient servant,

A Medical Student.

London, Nov. 24, 1843.

To the Editor of The Lancet.

Sir,—Respecting the recommendation of the Royal College of Surgeons that the professors in the medical schools of England should discontinue the usual vacation at Christmas, will you permit me to say that such advice is both ridiculous and unfeeling—equally discreditable to the heads and hearts of the advisers; for medical students being divided into two classes—those who are studious and those who are not—the regulation *may* affect the former, while it *will not* the latter, but rather tend to furnish them with an excuse for taking pleasure and neglecting their duties at other times. If a medical pupil study as he ought, no one can deny that a little relaxation will prove beneficial to his mind and invigorating to his frame, giving him fresh zeal for inquiry, and fitting him anew for pursuing his studies with assiduity. The recommendation, therefore, must be injurious to the one class and quite unheeded by the other, and thus it becomes ridiculous.

Christmas is the time at which relations, separated all through the rest of the year, meet together for exchanges of affection, and, surely, the absence of a son or a brother would be keenly felt on such an occasion. They would gaze at his vacant seat, and picture him with pale cheek and decaying constitution, and a blank would fill the hearts that should be full of joy. Thus it is unfeeling, unnatural.

I do trust the professors will treat with the scorn that it deserves a recommendation so insulting to medical students, tending to ruin their constitutions and snap the ties of affection that bind them to their homes and friends. I remain, Sir, your obedient servant,

Studens.

University College,
Nov. 25, 1843.

HYDROTHORAX. PARACENTESIS THORACIS.

A practitioner of great experience informs us that he has now under treatment a case of hydrothorax, for the relief of which the operation of paracentesis has been performed, apparently with advantage to the patient. He states that he feels a very deep interest in the result, as the patient is the mother of a numerous family. He suggests that one of the chief advantages which arise from the publication of medical periodicals, must always be the announcement, up to the latest moment, of every discovery in medicine, of every improvement in the treatment of disease. Impressed with this conviction, he has entreated us to inquire of his brother practitioners, through the medium of The Lancet, what system of treatment they have found it safest to pursue after the water has been withdrawn from the chest by means of tapping? Whether it is better to *close* the opening, or to allow the opening to *remain* open for the discharge of any further fluid that may be secreted; and what are the medicines which they have administered with the best effect. And he inquires most particularly with reference to the operation of digitalis and elaterium. The water had accumulated, in the case to which our correspondent refers, in the left pleura, and a careful examination has led both him and his colleagues to believe that the heart and lungs of the sufferer are free from disease. Our correspondent is also anxious to learn what have been the effects of *repetition* of the operation of paracentesis, more especially in cases of "idiopathic" accumulations of water in the pleuræ. We feel assured that practitioners who have had opportunities of treating the description of cases to which our correspondent has referred, will not hesitate to make known through us the results of their experience.

NEWS OF THE WEEK.

THE deaths registered in the metropolis during the week ending Nov. 18th, amounted to 1230, being 114 over those in the preceding week and 322 above the weekly average of the five past autumns. In no category of disease was there a decrease as to mortality. Deaths from diseases of the heart, the skin, &c., and in childbed, were stationary as compared with the preceding week; those from diseases of the brain and nervous system reached 170 (166 in the week before); of the lungs, 459 (344 week previous), of which 199 were from pneumonia and 171 from phthisis; 75 from diseases of the digestive organs (67 week before); 11 from rheumatic and joint diseases (1 one only in the week previous); 107 from uncertain organic diseases; 100 from natural decay (68 week previous); 28 from violence, &c.; and 227 (*vice* 197) from epidemic diseases. Among the last class there was an increase in deaths from erysipelas to 10 (from 2) cases; deaths from typhus, 42 (*vice* 34); croup, 12 (*v.* 8); hooping-cough, 25 (*v.* 30); scarlatina, 51 (*v.* 60); and measles, 40 (*v.* 32). Small-pox appeared to be stationary, giving seven fatal cases, as in the week before.

Some decrease of mortality in the aggregate was obvious in the ensuing week, that ending Nov. 25th. The total deaths were 1188, or 280 over the average above stated. The chief decrease, as compared with the preceding week, was in deaths from diseases of the respiratory organs (418 *vice* 459), from those of the organs of digestion (69 *v.* 75), from natural decay (41), intemperance, rheumatic affections, &c. But an increase took place in deaths from diseases of the brain, heart, kidneys, from diseases of uncertain seat, and from epidemic diseases, numbering respectively, 179, 95, 12, 113, and 241. Deaths from typhus had diminished from 42 to 40 cases; those from erysipelas from 10 to 4; and from croup from 12 to 7; but deaths from hooping-cough had increased to 45; from scarlatina to 61; from measles to 41; and from small-pox to 11.

To the Editor.—Sir: You will be doing me a great service by stating in your next Journal that the Mr. E. Wilson mentioned in your last (page 311) as a candidate for the *futurum-post-futurum* vacancy in the St. Marylebone Infirmary, is not your obedient servant, ERASMUS WILSON.—Dec. 2nd.

DIFFERENT KINDS OF OPIUM.—According to Dr. O'Shaugnessy, Bengal investment opium (for the Chinese market) contains two and a half per cent. (by weight) of pure morphia; Malwa opium, six per cent. ditto; Turkey opium, nine per cent. ditto; and garden opium (Patna) and Smyrna opium, ten and a half per cent. of morphia, each.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

LIST of gentlemen admitted members on Friday, Dec. 1, 1843:—J. Clark, G. Orchard, C. Sutcliffe, J. Murphy, C. Watkins, A. A. Davenport, W. Hanrahan, K. Burton, A. Parr, C. Brunt, W. Spackman, A. N. Jones.

APOTHECARIES' HALL, LONDON.

NAMES of gentlemen who received certificates of qualification to practise as apothecaries, on Thursday, Nov. 30, 1843:—John Baber, London; Edward Walker, Woodcock, Caythorpe; William Thomas Edwards, Caerphilly; John Cuff Harper.

CORRESPONDENTS.

We have received the papers forwarded by *Mr. Arthur J. King*, of 34, Store-street, Bedford-square, and are extremely glad to find the "Association for Abridging the Hours of Business" so well and ably supported and advocated. "It is a fact that there are married men, engaged as assistants in business, who see their children *awake* on Sundays only." If we reprinted the whole tract of the association we could not hope to produce a kinder impression on behalf of its object than is calculated to follow this announcement. We only hope that there will be found union enough amongst the petitioners for closing shops at seven o'clock, to render their prayer—as moderate as it is just—imperative. We speak under a familiar acquaintance with the effects of overwork upon health, morality, and the duration of life, in trading towns.

An Old Subscriber.—Question 1. He must attend the common legal summons of the summoning officer of the court; but before giving any opinion on the facts he should obtain the "medical order" of the presiding judge, on which the fee is demandable, according to the Act. Undoubtedly he ought to be paid for his evidence, for the establishment to which he belongs does not come under the class "public."

We regret to inform *Mr. Rotch* that the arrangements of our Journal this week deprive us of sufficient space to insert his account of the treatment of his relative—at first a patient of Dr. Hamilton Roe and Mr. Wakefield, on the cold-water system. It shall have a place, however, in the next number of THE LANCET.

The note of *Mr. A. G. Proctor* is also unavoidably excluded for a week.

J. K. (Dublin).—We do not give advice in such cases. Common sense must teach an applicant of his kind what is rational in his condition.

The papers of *Dr. Mackin* and *Mr. Atkinson* have been received.